CVEA CONTRIBUTION REQUEST FORM

This form is not required but provided for your convenience

Organization Name: _____

Is this organization a non-profit? Yes_____ No_____

Contact Name: _____

Contact Address: _____

Contact Phone: _____Contact Fax: _____

Organization Mission: _____

_____

_____

_____

Request for Support: (please be specific and include financial, in-kind product or service requests)

_____

_____

_____

Event description: (required if donation will support a specific event or activity)

_____

_____

_____

Event date: _____

Estimated number of event attendees: _____

Event audience demographics: _____

Est. dollar amount the event is expected to raise: $ _____

Brief explanation of how you believe your organization or event will benefit the public welfare or have a charitable, educational, or scientific value for a broad segment of the CVEA membership:

_____

_____

_____

_____

Description of any benefits available to CVEA, such as program advertising, logo recognition on event collateral, verbal mention during event, etc: _____

_____

_____

_____

Our organization has received a donation from CVEA in the past: yes_____no_____

If yes, please indicate date of past donation_____

If yes, please indicate how it was used to benefit your organization _____

_____

_____

_____

Please mail completed form to:
Copper Valley Electric Association
Sharon Crisp, Director of Communications
P.O. Box 45
Glennallen, AK 99588

Or email to crisp@cvea.org

For Office Use Only:

Donation (circle one): Y N
Description:_____

_____

Reason:_____

_____