



APPLICATION FOR DONATION

Application and all requested documents should be submitted to:

Bond Madison Water Company
Rounding Up for Your Community
PO Box 287
103 Park Street
Pocahontas, IL 62275
(618) 669-2861

1. Name of organization: _____

2. Address: _____

Street or Post Office Box

City or Town

State

Zip Code

3. Phone Number(s): _____

4. Contact Person: _____

5. Is organization requesting funding exempt from payment of income tax?

Yes ___ No _____. If yes, documents from the Internal Revenue Service must be provided.

6. The number of individuals, families, or groups your organization serves in Bond Madison's service area in the past 12 months: _____

7. Does your organization serve outside of Bond Madison Water's service area?

Yes ___ No _____

If yes, please provide information on number served and location: _____

8. State your request and purpose. Include amount requested and specifically how the funds will be used.

9. Please list three references. Include name, complete address, and contact numbers.

1. _____
Name *Phone*

Address *City* *State* *Zip Code*

2. _____
Name *Phone*

Address *City* *State* *Zip Code*

3. _____
Name *Phone*

Address *State* *Zip Code*

The information contained in this statement is for the purpose of obtaining funding from Bond Madison's Rounding Up for Your Community, a program established by Bond Madison Water Company on behalf of its members.

The undersigned understands that the information provided herein will be used in deciding possible grant funding, and the undersigned represents and warrants that the information provided is true and complete and that the trustees of the company and Bond Madison's Rounding Up for Your Community program may consider this statement as true and correct unless a written notice of change is provided.

Furthermore, if deemed necessary, the trustees of the cooperative and Bond Madison's Rounding Up for Your Community program are authorized to verify the accuracy of the statements made herein.

Name of Organization

Signature of Authorized Representative

Title of Representative

Date