

Today's Date \_\_\_\_\_

**Donation Guidelines:**

- Requests should be submitted 3-4 weeks in advance of event/deadline to allow time for review
- This form must be completed in full to be considered for any donations
- Approved monetary donations will be mailed to the address provided below
- Marquette-Adams will not approve personal check or cash donation requests

**Organization Information:**

Name of Organization: \_\_\_\_\_ EIN/Tax ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Organizational Website: \_\_\_\_\_

Contact (include title/relationship to organization): \_\_\_\_\_

Contact Phone (if different): \_\_\_\_\_ Email Address: \_\_\_\_\_

Has this organization received a donation from Marquette-Adams in the past? (check one)  YES  NO

If so, please describe (when and for what purpose) \_\_\_\_\_

**Donation Request Information:**

Project/Event Description: \_\_\_\_\_

Date/Time/Location: \_\_\_\_\_

Donation Amount Requested: \_\_\_\_\_

How will donation from Marquette-Adams be used? \_\_\_\_\_

Area/Community the event will serve? \_\_\_\_\_

Request Deadline: \_\_\_\_\_

Check payable to: \_\_\_\_\_

**Office Use Only:**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Authorization: \_\_\_\_\_ 2nd Authorization: \_\_\_\_\_

Notes: \_\_\_\_\_

Please return this completed form to:  
Marquette-Adams Telephone Cooperative  
Mail: PO Box 45 Oxford, WI 53952  
E-mail: info@marquetteadams.com  
Attn: Shay Jilek