

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: Donation Request