

# Donation Application

As a member-owned cooperative, CTC encourages active support of the community we serve by providing sponsorships and donations to tax exempt, non-profit organizations and community groups. Please fill out the form below completely and return to our office.



Name of Organization and/or Event: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Deadline for Response: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Type of Event: ( ) Organizational Fundraiser  
( ) Community Event  
( ) School Activity/Sport  
( ) Charitable Cause  
( ) Other: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Type of Request (choose one below):

Cash (amount): \_\_\_\_\_ Goods or Service: \_\_\_\_\_

Brief description of the organization or event and its benefit to the community:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If granted, how will the contribution be used: \_\_\_\_\_

Are you a 501(c)(3) or (c)(6) organization? ( ) Yes ( ) No (If no, give tax classification: \_\_\_\_\_)

How will CTC/CWC be recognized for their donation/sponsorship: \_\_\_\_\_  
\_\_\_\_\_

Name Board of Directors or Key Members of organization: \_\_\_\_\_  
\_\_\_\_\_

Are you a CTC customer: ( ) Yes ( ) No      Are you a CWC paying plan customer: ( ) Yes ( ) No

Are you requesting a donation from: ( ) CTC ( ) CWC ( ) Both

How many years has CTC/CWC contributed to your organization/event and what have we contributed?  
\_\_\_\_\_  
\_\_\_\_\_

FOR OFFICIAL USE ONLY

Approved: ( ) Yes ( ) No      By: \_\_\_\_\_      Send where and when: \_\_\_\_\_

Request filled by: \_\_\_\_\_      Items: \_\_\_\_\_

Date: \_\_\_\_\_