

AIKEN ELECTRIC TRUST
P. O. Box 417, 2790 Wagener Road
Aiken SC 29802-0417
(803) 649-6245

APPLICATION FOR DONATION FOR ORGANIZATION / AGENCY

1. Name of Organization _____

2. Address: _____
Street or Post Office Box

_____ _____ _____
City or Town State Zip Code

3. Phone Number: _____
Home Work

4. Contact Person _____
Name Title

1. Is organization requesting funding exempt from payment of income tax: Yes No
If yes, a copy of letter (Form 501 [c]3) from Internal Revenue Service must be attached.

2. A copy of financial statement(s) for most previous year should be provided. If not, available forms will be provided.

- a. Statement attached:
- b. Forms requested:

3. Number of individuals, families or groups served in Aiken, Barnwell, Calhoun, Edgefield, Lexington, McCormick, Orangeburg or Saluda Counties in last year: _____

4. Does agency serve outside Aiken, Barnwell, Calhoun, Edgefield, Lexington, McCormick, Orangeburg or Saluda Counties: Yes No

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

5. State Purpose of Organizations/Agency Request: (Include amount requested and specifics of how funds will be used.) _____

6. List other sources of funding for use of request as described in the above: _____

7. How are agencies programs measured for effectiveness? _____

8. Please list three references:

Name:	_____	_____	_____
		Phone	
Address:	_____	_____	_____
	Street or Post Office Box	State	Zip Code
Name:	_____	_____	_____
		Phone	
Address:	_____	_____	_____
	Street or Post Office Box	State	Zip Code
Name:	_____	_____	_____
		Phone	
Address:	_____	_____	_____
	Street or Post Office Box	State	Zip Code

The information contained in this statement is for the purpose of obtaining funding from the Aiken Electric Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Aiken Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Aiken Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Name of Organization _____

Signature of Representative _____

Date _____