



BENCO Electric Trust



PO Box 8, Mankato, MN 56002

This box for office use only

Application #

Date

Amount Awarded \$

Please print or type all information legibly.

Operation Round Up Application for Donation

Name _____ Date _____

Address _____

Day Phone _____ Evening Phone _____

Organization _____ Phone Number _____

Address _____ County _____

For Profit Non-Profit If non-profit, is it 501-C3? Yes No

Type of Request: Personal Group Community

Amount Needed for Project: \$ _____ Amount Requested: \$ _____

When are Funds Needed: _____

Why are the funds needed? _____

What are the benefits to the community or area? _____

Are requested funds available through other sources? Yes No

If yes, what sources? _____

What other information would you like to share about your project and/or organization? _____

Signature

Title