



Electric Cooperative, Inc.

Your Touchstone Energy® Cooperative  
The power of human connections®



## JMEC DONATION REQUEST FORM

Jemez Mountains Electric Cooperative Inc. asks that all organizations requesting financial support from us complete this questionnaire. We ask that your request be submitted at least three weeks (prior to the Board of Trustees meeting held on the last Thursday of each month) for proper consideration. Those not providing ample time for consideration may limit their opportunity for support. Completion of this form does not guarantee that Jemez Mountains Electric Cooperative Inc. will be able to fulfill the request.

**(Please print or type.)**

Date of Request: \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

## INFORMATION

Is this organization a 501-(C)(3) non-profit agency?  Yes  No

**(Note: You must complete and attach a copy of your Form W-9 with each individual request.)**

Is this organization a recipient of funds from other organizations?  Yes  No

What is the organization's primary mission? \_\_\_\_\_

Amount Requested? \$ \_\_\_\_\_ Date funds needed by: \_\_\_\_\_

**(Note: JMEC check must be made payable to a non-profit organization.)**

How will the funds be used? \_\_\_\_\_

Is the requesting organization a Member of Jemez Mountains Electric Cooperative Inc.?  Yes  No

Has Jemez Mountains Electric Cooperative Inc. participated in the past? In what way? \_\_\_\_\_

Signature of Person making request: \_\_\_\_\_

### For JMEC Office Use Only

Approved: <input type="checkbox"/>	Disapproved: <input type="checkbox"/>	Amount Approved: \$ _____	Date: _____
Educational Fund: <input type="checkbox"/>		O&M Acct: <input type="checkbox"/>	