HEART OF TEXAS ELECTRIC TRUST

Post Office Box 357 McGregor, Texas 76657 (254) 840-2871

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

•	zation:				
2. Address:					
	Street or Post Offic	e Box			
	City or Town		State	Zip Code	
3. Phone Number: _	Work	Home		Cell	
4. E-mail Address:					
5. Contact Person: _	Name		Tit	tle	
6. Does organization YesNo 7. Is organization re provides periodic fu YesNo funding, and the free	If yes, please inc questing funding aff nding? If yes, what is	clude required continued in the required of the state of	ate/national o	organization which	
8. A copy of financi be provided. Inform to determine fundin detailed expense rep	ation included should g sources and sumr	d provide Trust narize expenses	Board with eas. Please do 1	nough information not send itemized,	

10. What is the	e total cost of the project	t for which funds are being requested?
11. List other	sources of funding for us	se of request as described in the above:
12initial	inquiries and/or visita	ubmitting this application, I am authorizing ations to the organization/agency for the the authenticity of the information contained
he Heart of ' anderstands the and each unde complete and continuing to be of Texas Elect	on contained in this stater Texas Electric Trust on at the information proving resigned represents and we that the Heart of Texas to true and correct until v	ment is for the purpose of obtaining funding from a behalf of the undersigned. Each undersigned ided herein is used I deciding to grant funding, varrants that the information provided is true and as Electric Trust may consider this statement as written notice of a change is provided. The Heart make all inquiries they deem necessary to verify erein.
-		Name of Organization
		Signature of Representative
		Date