

Donation Application

Name:		
Organization:		
Address:		
Phone:	Fax:	
E-mail:	Website:	·
This request fits within the fo	ollowing category: stem Community organization	Extraordinary needs
Tax ID #:	ax-exempt status? Yes No	
Amount Requested:		
would be used, who would be	purpose for which you are requesting enefit, and the expected results (you ma your organization or situation):	
I certify that all the informat the donation within one year		ill submit a follow-up report on use of
Signature of Applicant: Date:		
Send the completed application	to: Donations Committee, Valley TeleCom	Group, 752 E. Maley, Willcox, AZ 85644.
Official Use Only		
Request Funded Date:	Amount Funded:	GL Code:
Signature of Donation Committee	ee Member:	



Donation Follow-Up Report

Name:		
Organization:		,
(Please update the contact informat	tion if there has been a change since your application.)	
Address:		
		
Phone:	Fax:	
E-mail:	Website:	
Amount Received:		
Please describe how the funds were program or project:	e used, who benefited, and any information on the results of your	
De very plan to apply for finding for	vom Vallav TalaCara Croura navit voara	
Do you plan to apply for funding fr	rom Valley TeleCom Group next year? Yes No	
Signature of Applicant:		
Date:		
Please send this report to: Donations C within one year of receipt of funds.	Committee, Valley TeleCom Group, 752 E. Maley, Willcox, AZ 85644,	