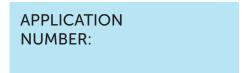


P.O. Box 1178 ~ Okmulgee, OK 74447 Phone: 918.756.0833 Fax: 918.756.6539 www.ecoec.com

1. Name





Application for Donation for Individual and/or Family

Application deadline is 4 p.m. on the 1st day of February, May, August, and November. An incomplete application may not be considered.

Last Name	First	Middle Relationship	
a			
b			
C			
d			
e			
Address:		Email:	
City/State/Zip:			
Phone Number: ()		· ,	
	Home/Mobile	Work	
Employer of those listed in	n No. 1 and No. 2 above:		
. ,			
Employer Name		Supervisor	
		Supervisor Phone	
Employer Name		<u> </u>	
Employer Name Employer Address		Phone	
Employer Name Employer Address Employer Name		Phone Supervisor	
Employer Name Employer Address Employer Name Employer Address		Phone Supervisor Phone	
Employer Name Employer Address Employer Name Employer Address Employer Address		Phone Supervisor Phone Supervisor	
Employer Name Employer Address Employer Name Employer Address Employer Address Employer Address		Phone Supervisor Phone Supervisor Phone	
Employer Name Employer Address Employer Name Employer Address Employer Address Employer Address		Phone Supervisor Phone Supervisor Phone	
Employer Name Employer Address Employer Name Employer Address Employer Address Employer Address	lation Board	Phone Supervisor Phone Supervisor Phone	
Employer Name Employer Address Employer Address Employer Address Employer Name Employer Address Employer Address	lation Board 4 5 6 7	Phone Supervisor Phone Supervisor Phone Supervisor	
Employer Name Employer Address Employer Address Employer Address Employer Name Employer Address Employer Address Employer Address Employer Name		Phone Supervisor Phone Supervisor Phone Supervisor Date Reviewed:	

		and specific use of funds. If request is for children, include two estimates from different contractors. If
	or items to be purchased, must include	
7. Reason f	or request and explain current situation	n:
8. Is individ	ual or family receiving any other form	of assistance or aid for above stated request (dona-
	ance, etc.)? <u>Yes</u> No	·
Statement o	of financial condition as of	, 20
<u>SSETS</u> ash		<u>AMOUNTS</u>
3511	Banking Institution	
	Banking Institution	<u> </u>
	Banking Institution	\$
eal Estate		\$
	Partial or Wholly Owned	\$
	Partial or Wholly Owned	\$
	Partial or Wholly Owned	
ecurities	Description	\$
	Description	\$
	Description	\$
	oles: (State type: personal property, loa description, etc.)	an receivable, auto, life insurance (cash value), other
sets. Include	description, etc.,	\$
		Value
		 \Value
		\$
	-	Value
OTAL ASSETS		\$

MONTHLY EXPENSES

Housing	MortgageRent	_ \$
Food		\$
Utilities	Electricity Gas Telephone Water Trash/Sewer Cable	\$ \$ \$ \$ \$
Transportation	Automobile Payments Gasoline	\$ \$
Insurance	Medical Life Automobile	\$ \$ \$
Medical	Doctors Hospital Medication	\$ \$ \$
Charge Accounts (Specify)		- \$ <u> </u>
Loan(s) (Specify)		- \$ - \$ - \$ - \$
Taxes		- \$ - \$ - \$
Other Expenses (Specify	<i>(</i>)	\$ _ \$
TOTAL MONTHLY EXPENSES		\$

SOURCES OF MO	NTHLY INCOME	
Salary	Employer's Name	 \$
Bonus, Tips, &	Commissions	<u> </u>
Dividonds & Ir	nterest	\$
Dividends & II		<u> </u>
Real Estate Inc	come	\$
Farm Income		\$
Other (please	state: alimony, child support, other)	
		\$
	Туре	·
	Туре	<u> </u>
	- Type	 \$
	Туре	
TOTAL SOURCES	OF MONTHLY INCOME	\$
operative or tl	· · · · · · · · · · · · · · · · · · ·	r employee of East Central Oklahoma Electric Co- lude a letter of reference. (May not be a relative) Phone:
Address:		City, State, Zip:
Name:		Phone:
Address:		City, State, Zip:
Name:		Phone:
Address:		City, State, Zip:
tion on behalf of used in deciding ed is true and cor and correct until	the undersigned. Each undersigned un grant funding, and each undersigned re mplete and that the ECE Foundation ma a written notice of a change is provided deem necessary to verify the accuracy o	repose of obtaining funding from the ECE Foundaderstands that the information provided herein is expresents and warrants that the information providicy consider this statement as continuing to be true I. The ECE Foundation, Inc. is authorized to make of the statements made herein.

SIGNATURE

DATE

l,, he	reby consent that the photographs, videos, and/or electronic im-
ages for which I posed or which are taken a	s a result of my participation with ECE Foundation's Operation
Round-Up may be used by ECE Foundation	, Inc., East Central Oklahoma Electric Cooperative, or Oklahoma
Association of Electric Cooperatives, its emp	ployees, agents, and representatives, and others authorized by
the Foundation ("Indemnitees") in whateve	r way they may desire, including, but not limited to, media press
releases. I consent that any such photograph	ohs, films, recordings, electronic images, or other media upon or
from which they were made or produced sh	nall be their property, and they shall have the right to duplicate,
reproduce and make other such use of said	photographs, videos, and/or electronic images and/or audio
recordings as they may desire, without any	claim on my part. I will defend, indemnify, and hold the In-
demnitees and each of them harmless from	all liability, damage, loss, and claims arising from or in any way
associated with the use by the Indemnitees	, or any of them, of the photographs, videos, and/or electronic
images and/or audio recordings of myself a	s described above.
Name	Date

Name	_ Date