

**OAKDALE ELECTRIC COMMUNITY FUND  
OPERATION ROUND-UP® TRUST**

Post Office Box 40  
Oakdale, WI 54649

**APPLICATION FOR DONATION  
FOR INDIVIDUAL AND/OR FAMILY**

1. Name: \_\_\_\_\_  
Last First Middle

2. Other Members of Household:

	Last Name	First	Middle	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
e.	_____	_____	_____	_____

3. Address: \_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_

City or Town

State

Zip Code

4. Phone Number: \_\_\_\_\_  
Home Work

5. Employer of those listed in No. 1 and No. 2a above:

(1) \_\_\_\_\_  
Name Supervisor

\_\_\_\_\_

Address

Phone

(2a) \_\_\_\_\_  
Name Supervisor

\_\_\_\_\_

Address

Phone

6. Reason for Request for Donation: (Include amount requested and specific use of funds.)

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Amount Requested: \_\_\_\_\_

7. Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list:

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The information contained in this statement is for the purpose of obtaining funding from the Oakdale Electric Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Oakdale Electric Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Oakdale Electric Trust is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/RECIPIENT

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE