



**Tri-County Rural
Electric Cooperative, Inc.**

People you can count on.

FUNDING REQUEST FORM

Name of Organization: _____

Contact Name: _____

Address: _____

Telephone: _____ E-Mail: _____

Summarize programs or services offered and the number of people benefiting.

Number of years Organization has been in existence: _____

Summarize your request for a donation: _____

Amount requested: _____

Date

Signature

Complete and return to Tri-County Rural Electric, Attention: Director of Member Services, PO Box 526, Mansfield, PA, 16933