## Walton EMC/Walton Gas Donation Request Form

\*Application requirement: To be considered for a donation, your organization must have a physical presence—such as an office or facility—within Walton EMC's 10-county service area. Organizations without an established location in our service territory are not eligible to apply.

Donations requests will be considered on a monthly basis. Applying for a donation request does not guarantee fulfillment of request, nor is amount requested guaranteed. Please contact Kathy Ivie at kivie@waltonemc.com with any questions.

Organization		
County/Counties Served _		
Contact Name		
Mailing Address		
City	State	Zip Code
Phone Number	E-Mail	
Donation Amount Reques	sted \$	
Has Walton EMC donated	l to your organization in	the past? YES / NO
·	•	tions from Walton EMC charities, Walton
		Jp) :
		3:
If different from above, pl	lease provide the name in	n which the check should be payable to and the
address in which it should	be mailed:	
*Please attach any supporting	documents	
Signature:		Date: