



Consolidated
Cares

**DONATION
REQUEST**

Completion of ALL information is required for this request to be considered.

Name of Organization: _____

Type of Organization: _____ Tax ID #: _____

Ex: Community Service, Governmental, Education, Arts, etc.

Tax-Exempt Status: (check only one) ☐ 501(c)(3) ☐ 501(c) () ◀ Write number

Signature of an Authorized Organization Representative: _____

Contact Person: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Event Date: _____ Donation Request: \$ _____

Event Description: _____

How Donation will be used: _____

Submit this request to:

Consolidated Cares

US Postal Service: PO Box 540

Hand Delivery: 3940 E. Liberty
Mexico, MO 65265

Email: ConsolidatedCares@consolidatedelectric.com

- If approved, a check will be mailed to the person listed as the contact at the address on this form.
- Requests could take 4 - 6 weeks to process.
- Please include a flyer or additional information that details your event.

FOR OFFICE TO COMPLETE

Date Received: _____

Date Board Reviewed: _____ Amount Authorized: _____ Approved: _____

Consolidated Cares – A 501(c)(3) Trust formed by Consolidated Electric Cooperative