PEE DEE ELECTRIC TRUST

PO BOX 491 / 1355 E MCIVER ROAD
DARLINGTON, SC 29540
(843) 665-4070

APPLICATION FOR DONATION
FOR ORGANIZATION / GROUP

PURPOSE OF THE TRUST

The Pee Dee Electric Trust administers funding that is provided by member-owners of Pee Dee Electric Cooperative, Inc. who participate in the Operation Round Up® program. Through Operation Round Up, member-owners round up their electric bills to the next highest dollar each month and these funds are transferred to the Trust.

The Pee Dee Electric Trust board of directors reviews applications and makes donations in accordance with the policies and guidelines governing the Trust. Donations address the specific need(s) stated on each application.

These are charitable donations, not grants, given to individuals or non-profit community service organizations and must be used only for the purpose stated on the application.

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1. Name of organization ____

2. Address ____
   Street or Post Office Box

   _____________________________________ SC ______________
   City/Town ZIP

3. Contact Person ___________________________ ______________________
   Name Title

4. Phone # ________________________ __________________________
   Work Home

5. Is organization requesting funding exempt from payment of income tax? Yes ___ No___
   If yes, a copy of letter (Form 501C3) from the Internal Revenue Service must be attached.

6. A copy of audited financial statement(s) for previous year must be provided.

7. Approximate number of individuals, families or groups served in Chesterfield, Darlington, Dillon, Florence, Lee and Marion counties in the last year: ______________________.

8. Does organization serve outside Chesterfield, Darlington, Dillon, Florence, Lee and Marion counties? __ Yes __No If yes, please provide information on number served and location.

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9. State the purpose of the organization. _____

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10. State the amount and reason for the organization's request. Amount $_____

(Be specific about how funds will be utilized.) _____

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11. List other sources of known or possible funding that you are making requests of.

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12. List three individuals who are familiar with request

1. _____ _____
Name Phone

_____ _____ _____ _____
Address City State ZIP

Relationship with organization (if any) _____

2. _____ _____
Name Phone

_____ _____ _____ _____
Address City State ZIP

Relationship with organization (if any) _____

3. _____ _____
Name Phone

_____ _____ _____ _____
Address City State ZIP

Relationship with organization (if any) _____

The information contained in this application is for the purpose of obtaining a donation from the Pee Dee Electric Trust. The applicant understands that the information provided represents accurate and factual details about the organization. The Pee Dee Electric Trust is authorized to make all inquiries deemed necessary to verify the validity of the statements provided.

_____ _____
Name of organization Signature of contact person

_____ _____
Date Title