



Sponsorship Request

Marketing Dept., Attn: Emily Thomas PO Box 309 Danville, Indiana 46122 (317) 718-7606

ethomas@hendrickspower.com

OPERATION ROUND UP FUNDING REQUEST FORM

I. Instructions

II.

General Information

Complete a Funding Request Form for each donation you request. Please type your responses in the form and be as complete and accurate as possible. Return completed form(s) to the Marketing Dept. by mail or email. If you have any questions, please call Emily Thomas at (317) 718-7606.

Funds will be awarded in March, June, September, and December. If awarded funds are requested by a specific deadline, please complete the "Funds Requested By" field with the corresponding date.

Date Submitted:	Date Needed:
Name of Organization/Cause:	
Community Served:	Number Served:
Project Seeking Monetary Assistance:	
Monetary Amount Requested: \$	
How would this project benefit the He	ndricks Power Community & local areas?
III. Additional Requests Please list any and all other sources yo the described project:	ur organization has applied for funding for



Chec	k should be written to:	
Chec	k should be mailed to:	
IV.	Contact Information	
Full (Contact Name:	
Relat	ionship/Title within Organizatio	on:
Email:		Phone Number:
V.	Partnership Agreements	
•	Hendricks Power Cooperative.	ation Round Up Fund Policy and Guidelines provided by
•		tion Round Up funds, I give full permission to use my eeking assistance, along with any given project name in any on.
•	I understand completing this form is r	not an agreement, but a request for monetary assistance.
Printe	d Name	E-Signature

