



Jackson County REMC

A Touchstone Energy® Cooperative 

Donation Request Form

Organization Name: _____

Address _____ City _____ State _____ Zip _____

**If approved, a check will be made payable to the organization name and mailed to the above address unless otherwise noted.*

Contact Name _____ Phone Number _____

Donation Request: _____

Donation Purpose: _____

Does the organization serve programs or individuals within the service territory of Jackson County REMC? _____ If yes, please explain: _____

Are any Jackson County REMC employees and/or family members associated with or served by the organization? _____ If yes, please explain: _____

Please list any recognition, promotion, or advertising given in return for the donation: _____

Additional Comments: _____

****** Please attach any additional supporting documentation or forms ******

<p>Office Use Only:</p> <p>Amount Approved: _____ Approved By: _____ Date: _____</p>
