

## **DONATION REQUEST FORM**

## **Contribution Policy**

To support the communities where we live and operate with assistance to enhance programs aligned with our giving philosophy.

giving philosophy. Please see Corporate Giving Guidelines to see if your request meets our philosophy. Name of Organization: Name of Event: Date/Place/Time of Event: Anticipated number of attendees or how many people will this affect: Contact Person: Contact Person Address: Contact Person Phone and email: What type of donation are you asking for (ex: product, service, cash, discount): Amount of donation request: Please briefly note how this event will benefit the community: Please briefly describe how Chippewa Valley Energy will receive recognition for this donation:

P.O. Box 837 • Eau Claire, WI • 54702

715-876-6400 Frie 1-800-353-7378 Fax 715-876-6417

www.chippewavalleyenergy.net

Signature:

Date: