

# Chippewa Valley Community Fund, Inc.

## Operation Round Up®

317 S 8<sup>th</sup> Street, PO Box 575  
Cornell, WI 54732  
(715) 239-6800 or (800) 300-6800

### APPLICATION FOR DONATION INDIVIDUAL AND/OR FAMILY

1. Name: \_\_\_\_\_  
*Last First Middle*

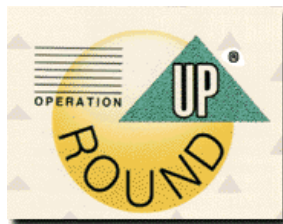
2. Other Members of Household:

	Last	First	Middle	Relationship
A	_____	_____	_____	_____
B	_____	_____	_____	_____
C	_____	_____	_____	_____
D	_____	_____	_____	_____
E	_____	_____	_____	_____

3. Address: \_\_\_\_\_  
*Street or Post Office Box*

\_\_\_\_\_ *City or Town State Zip Code*

4. Phone Number: \_\_\_\_\_  
*Home Work*



5. Reason for Request: *(Include amount requested and specific use of funds)*

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6. Is individual or family receiving any other form of assistance or aid for above stated request *(donations, insurance, etc)*? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list:

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7. Please list three references *(May not be a director or employee of Chippewa Valley Community Fund, Inc.)*

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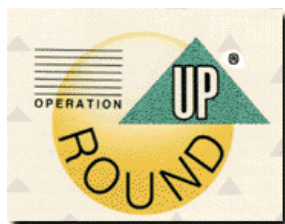
Name		Phone	
Address	City	State	Zip Code

2

Name		Phone	
Address	City	State	Zip Code

3

Name		Phone	
Address	City	State	Zip Code



The information contained in this statement is for the purpose of obtaining funding from Chippewa Valley Community Fund, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that Chippewa Valley Community Fund, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. Chippewa Valley Community Fund, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

\_\_\_\_\_  
*Signature of Applicant/Recipient*

\_\_\_\_\_  
*Signature of Spouse*

\_\_\_\_\_  
*Date*

