

Organization Information				
Name of Organiz	zation			
Address				
Contact	(Street)	(City)	(State)	(Zip)
	(Name)	(Phone)	(Email)	
Is organization a	501(c)(3)			
Yes Federal	Tax Identification Number			
○ No				
Describe your or	ganization and its purpos	e		
Project/Event				
Event Date	Mo	onetary/In-Kind Requested		
Describe the pro				
	1			
Area which proje	ect/event will serve			
Attach lette	r, brochure, pamphlet desc	cribing event/project requesting	g funding	
Provide W-9				

Return completed form to:

MWEC
Donation Request
PO Box 1346
Williston, ND 58802
or
pr@mwec.com