



Donation/Sponsorship Request Form

Organization Information

Name of Organization _____

Address _____
(Street) (City) (State) (Zip)

Contact _____
(Name) (Phone) (Email)

Is organization a 501(c)(3)

Yes Federal Tax Identification Number _____

No

Describe your organization and its purpose _____

Project/Event

Event Date _____ Monetary/In-Kind Requested _____

Water Requested (10 case max) _____

Describe the project/event _____
(additional information requested below)

Area which project/event will serve _____

Attach letter, brochure, pamphlet describing event/project requesting funding

Provide W-9

Return completed form to:

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

Questions? Call us at 800-279-2667 or email at pr@mwec.com