

7. Please list two references.

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City State Zip Code

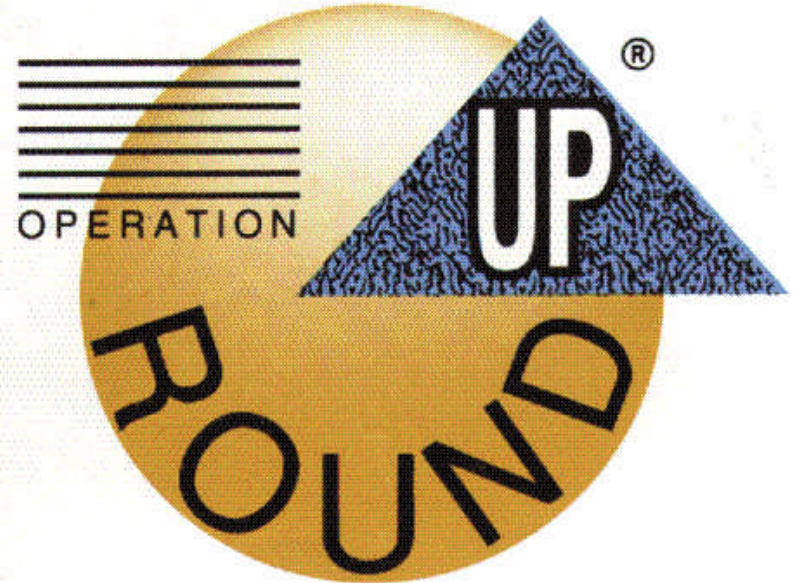
The information contained in this statement is for the purpose of obtaining funding from the Agralite Electric Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that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

\_\_\_\_\_  
NAME DATE

*Applications for individual assistance can be approved at any time. Sent all applications to:*

*LeRoy Cluever  
Member Service Director  
Agralite Electric Cooperative  
PO Box 228  
Benson, MN 56215  
320-843-4150*

# APPLICATION FOR DONATION FOR INDIVIDUALS



Agralite Electric Trust  
Post Office Box 228  
Benson MN 56215  
320-843-4150 or 1-800-950-8375

