



Big Horn REA Roundup Foundation
PO Box 270
Basin, WY 82410

APPLICATION FOR DONATION FOR INDIVIDUAL AND/OR FAMILY

Name: _____
Last First Middle

Other Member of Household:

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

Address: _____
Street or PO Box

City of Town State Zip Code

Phone Number: _____
Home Cell Work

Reason for request for donation: (circumstances of events leading to request AND planned specific use of funds.)

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:

The information contained in this statement is for the purpose of obtaining funding from the Big Horn REA Roundup Foundation 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 Big Horn REA Roundup Foundation may consider this statement as continuing to be true and current until a written notice of change is provided. The Big Horn REA Roundup Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

**The Big Horn REA Roundup Foundation Board generally meets no less than semi-annually at a place designated by the Board. The Board of Directors may meet at such other times as they may deem at their discretion to be necessary. **

Signature of Applicant/Recipient

Signature of Spouse

Date