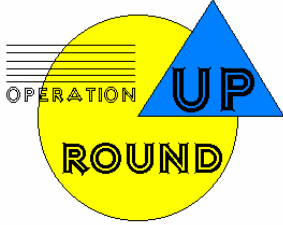


**ATTACHMENT (A) – TO BE USED IF IN CONJUNCTION WITH  
AGENCY/ ORGANIZATION APPLICATION**



*Capital Electric Charitable Trust, Inc.*

*P. O. Box 730*

*Bismarck, ND 58502-0730*

*Telephone: (701) 223-1513 or (888) 223-1513*

**APPLICATION FOR DONATION  
FOR INDIVIDUAL AND/OR FAMILY**

1. Total Amount Requested: \$ \_\_\_\_\_

2. Recipient: \_\_\_\_\_  
First Name Last Name Age

3. Other Members of Household:

	Last Name	First Name	Age	Relationship
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

4. Address: \_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_ City State ZIP Code

5. Telephone: \_\_\_\_\_  
Home Phone Work Phone of Recipient

6. Describe the need for funds:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR DONATION  
FOR INDIVIDUAL/FAMILY  
(IN CONJUNCTION WITH AGENCY/ORGANIZATION APPLICATION)  
PAGE 2**

7. List the specific use of the funds requested:

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

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