



**TO:** Individuals and Organizations seeking donations

**FROM:** Clarence Telephone Company/Cedar Communications, LLC

**SUBJECT:** Donation Program

Clarence Telephone Company/Cedar Communications, LLC invites individuals and/or organizations to submit the following proposal for consideration in assistance with funding for a specified project.

Please complete in detail and submit the following applications to:

Curtis Eldred, Manager  
Clarence Telephone Company/Cedar Communications, LLC  
608 Lombard Street  
PO Box 246  
Clarence, IA 52216  
563-452-3852

APPLICATION FOR DONATIONS

CLARENCE TELEPHONE COMPANY/CEDAR COMMUNICATIONS, LLC  
608 LOMBARD STREET, PO BOX 246  
CLARENCE, IA 52216

Date: \_\_\_\_\_

Name of Individual or Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Donation Requested: \_\_\_\_\_

Have you previously received a donation from Clarence Telephone Company/Cedar Communications, LLC?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was it for this particular project?

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe yourself and/or organization, including the services offered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the need for this donation: Please explain what you are planning to use these funds for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you intend to apply for a donation from Clarence Telephone Company/Cedar Communications, LLC in future years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how often?      Annually\_\_\_\_\_ Bi-Annually\_\_\_\_\_ Quarterly\_\_\_\_\_

Assurance:

As a recipient of a donation from Clarence Telephone Company/Cedar Communications, LLC and as a duly authorized representative of this organization, I certify that this organization:

- Is not-for-profit
- Conducts an annual audit
- If private, not-for-profit, has a voluntary board
- Will use the funds for the specified program and/or service(s) listed on this application and will not substitute or reimburse other programs and/or services.

Name: \_\_\_\_\_  
(Print Please)

Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_