

Charitable Contribution Request Form

This form contains **three parts**: Contact Information, Charitable Request Information, and About Your Organization. Please fill out this form completely, then click on the "Submit Form" button at the bottom of the form. If the form is filled out completely, you will be able to e-mail the request. We will respond to your request as soon as possible. Thank you.

Part 1: Contact Information:

Organization Name:

Primary Contact:

First Name:

Last Name:

Title (Position):

E-Mail Address:

Phone Number: ()

Fax Number: ()
(optional)

Mailing Address:

Address Line 1:

Address Line 2:
(optional)

City:

State:

Zip Code:

Part 2: Charitable Request Information:

Briefly describe the activity or project for which you are requesting a contribution:

Amount you are \$ requesting from Farmers Mutual:

Date donation is needed by:
[mm/dd/yyyy]

Part 3: About Your Organization

Please give a brief background/history of your organization. (Board or parent organization, mission statement, etc.)

Please Note: Only forms with the required fields filled out will be considered for funding. If you experience any problems submitting the form, please call (304) 366-1850.