

General Comments:

Supplied 501(c)(3) documentation

Community Support Application

After completing this application, return with any other supporting documentation on your community event or organization, and a copy of your 501(c)(3) Certification (if applicable) to: Jefferson Telecom, Attn: Sponsorships & Donations, PO Box 269, Jefferson, IA 50129. Applications can also be emailed to info@jeffersontelecom.com. This application should be submitted thirty (30) days prior to your event.

ORGANIZATIONAL INFO	RMATION	
Organization/group name:		Federal Tax ID Number:
Do you have 501(c)(3) non-profit certification? Yes 🗌 No 🗌	
Contact name:		Contact title:
Organization address	:	City/State/Zip:
Phone:	E-mail:	Today's Date:
Please describe the p	urpose of your organization and its primar	y beneficiaries:
PROGRAM/EVENT INFO	RMATION (COMPLETE WHERE APPLICABLE)	
Program/event:		Event date:
Is there a print deadlin If yes, what is the date	ne? Yes No Do you need e? If yes, please	Jefferson Telecom logos or ads? Yes 🗌 No 🗌 specify?
How many people are	e expected at your event?	
What cities or countie	s will be served?	
Please describe the n	ature and purpose of your program and ev	vent:
REQUEST INFORMATION What would you like J	N lefferson Telecom to donate? (Please be s	specific):
	m donated to your organization's program nd date?	
	know how we support our community. How	w will Jefferson Telecom be recognized as a
	FOR OFFICE USE	ONLY

Submitted application 30 days before event