



A Touchstone Energy® Cooperative 

DONATION REQUEST

One of Pioneer Electric Cooperative's core values is Commitment to Community & it is a reason

Organization Name _____

Contact Name _____

Phone _____ If Pioneer has questions, best time to call _____

Organization location _____

Email _____

Federal Tax ID (if applicable) _____ Non-profit organization (select one) Yes No

Request Type (select one)

Money Amount Requested _____

Door Prize/Giveaways

Other (please specify) _____

Date Needed _____

If this is a financial request, please provide check payable & mailing information.

Check made payable to _____

Mailing Address _____

Mailing City, State, Zip _____

Organization Purpose _____

Donation Use (be as specific as possible) _____

Co-op Recognition (if applicable) _____

Form may be mailed to 344 West US Route 36, Piqua, OH 45356

FOR COOPERATIVE USE ONLY

Board Approval Required YES _____ NO _____

Disposition of Request APPROVED _____ DENIED _____

If monetary donation approved, amount awarded _____

Date of Donation _____ Check # (if applicable) _____

If not a monetary donation, specify nature of contribution _____

Any additional information _____

Date of Action

Signature