

Valley Telecommunications Application for Donation/Sponsorship

Date of Event:		
Location of Event:		
Type of Event:		
Name of Organization:		
Address:		
Contact Name & Number:		
Type of Request: If a cash donation, who should the check be made payable to?	Cash Item/Product	
Have we donated to your orga past?	inization in the	
If so, what/how much?		

Please give a brief description of your organization:

Please explain how the funds will be used and how our participation will benefit people in the areas we serve:

Will our company be recognized for the donation? If yes, please explain:

Valley Telecommunications Cooperative – PO Box 7 – Herreid SD 57632 Ph: 437-2615 – www.valleytel.net

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