



**REMC MULTI-COUNTY COMMUNITY TRUST, INC.**

5001 E US Highway 36  
ROCKVILLE, INDIANA 47872  
(765) 569-3133

**APPLICATION FOR DONATION  
FOR INDIVIDUAL DISASTER SITUATION**

Name: \_\_\_\_\_ REMC Acct # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home or Cell Phone Number: \_\_\_\_\_ Additional Contact Phone Number: \_\_\_\_\_

**Other members of household:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Disaster: \_\_\_\_\_ County/Township of Disaster: \_\_\_\_\_

Fire Department(s) Involved: \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from the REMC Multi-County Community Trust, Inc. on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the REMC Multi-County Community Trust, Inc. may consider this statement as continuing to be true and correct until a written notice of a change is provided. The REMC Multi-County Community Trust, Inc. is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

**Signature of Applicant/Recipient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use:**

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Member Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Amount: \$ \_\_\_\_\_