## COBANK'S "SHARING SUCCESS" MATCHING GRANT PROGRAM

APPLICATION FORM (Once completed, please return to Gail Ridgway at AEC, PO Box 39, Cherokee, OK 73728 or 305 W. 12th, Cherokee, OK 73728.) Applications with required documentation must be received in AEC's office by 5:00p.m. on Thursday, May 23, 2024. Call Gail Ridgway at AEC's office at 580-707-6022 or 888-736-3837 with any questions.

Nonprofit Organization Name

Address		
City	_State	Zip
TIN (Taxpayer Identification Number)		
Contact Name	Title	
Contact Phone	Email	
Amount Requested		
Intended Use of Gift (Please describe the program or intended use of the contribution.)		
Proof of the nonprofit organization's 501(c)(3) Select organizations that are not designated include schools and government organization agencies or departments, as long as the donat the purpose and guidelines of the Sharing Suplease submit the organization's TIN (Tax Iden	a 501(c)(3) are also eligible. ons such as counties or mu- cion serves a public purpose ccess program. If the recipion	These organizations inicipalities and their and is consistent with
Applicant's Signature		