



211 Robbins St.  
P.O. Box 360  
Molalla, OR 97038  
(503) 829-1100

## Donation Request Form for Community/Economic Development

Today's Date \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_

Contact Name \_\_\_\_\_ Organization \_\_\_\_\_

Check Payable to \_\_\_\_\_ Check here if you are a Non-Profit

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Amount Requested \$ \_\_\_\_\_

On the lines provided below, write a brief description of your organization and your request.

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On the next set of lines, write a brief statement on how the MCC Membership will benefit from this donation.

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Approximately how many MCC members would this donation benefit? \_\_\_\_\_

Where will the sponsored event or program take place? \_\_\_\_\_

What dates will the sponsored event or program take place? \_\_\_\_\_

How are funds and donations other than your request from MCC being raised?

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If approved please mail check to:

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Please address all completed forms to:  
Molalla Communications Cooperative  
C/O Community Support  
PO Box 360  
Molalla, OR 97038