



111 Railroad Avenue-PO Box 38-Ray, ND 58849-www.nccray.com-ncc@nccray.com

NCC & COBANK SHARING SUCCESS PROGRAM APPLICATION

Recipient Charitable Organization Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____

Contact Phone _____ Email _____

Tax Identification* _____

- I have attached a copy of the designated charity's IRS 501(c)(3) tax exemption notification.
- The recipient organization is not a 501(c)(3) charity. It's TIN (taxpayer identification number), also referred to as an EIN (employer identification number) is _____

***Applications which do not include tax identification information will be returned.**

Amount of Match Requested _____

Intended Use of Gift (please describe the program or intended use of contribution) _____

Signature

date

**Return completed applications to:
NCC, Attn: Angela Schepp
P.O. Box 38, Ray, ND 58849 or ncc@nccray.com
Application deadline is September 16, 2019**