



*For Office Use Only*  
Date Received:  
Approved: Yes No Initials:

## HONEST TO GOODNESS Donation Application

Socket donates 5% of our Home Phone bills to a charity of the customer's choice.

**Fill in your non-profit organization's information to apply.**

Name of Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web site: \_\_\_\_\_

**Briefly describe your organization, who you help and how you help the community.**

**Briefly explain how the funds will be used.**

If approved, please indicate how the check should be made out.  
Pay to the order of, name and address:

c/o \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attached your organization's Form 501(C)3?    Yes \_\_\_\_\_    No \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from Socket's Honest to Goodness Campaign on behalf of the undersigned. The 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.

Please note: Applicants will be notified within six weeks of applying if their request is approved by Socket.

For questions or more information go online to [www.localmeansalot.com](http://www.localmeansalot.com), e-mail us at [marketing@socket.net](mailto:marketing@socket.net) or call 573-817-0000 x 115.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail application to:**  
SOCKET  
Attn: Honest to Goodness  
2703 Clark Lane  
Columbia, Missouri 65202

**Or fax to:**  
573-441-1056