
Charitable Organization Request Form

Request Date: _____ Nearest Plant/Site: _____ Amount Requested: \$ _____

Organization: _____

Contact: _____ Previous Recipient: Yes No

Phone: _____ Email: _____

Address: _____

City, State, Zip: _____

Employee or Applicant (if different than organization's contact): _____

Phone: _____ Email: _____

Southern Nuclear employee(s) involved in organization (if application):

Organization Category (check one):
Health & Human Services Education
Civic, Cultural & Community Environmental

Program/Event (if applicable): _____

Event Date (if applicable): _____ Event Location (if applicable): _____

Contribution Type (check one): Direct Contribution Golf Tournament Table(s) Other _____

Description of program/event (attach supporting information if available):

Additional Details:

Note: All requests must be accompanied by a current and completed W-9 form and documents confirming the event/organization's status as a 501(c)(3). Incomplete requests cannot be considered. Documents attached: W-9 501(c)(3)

To be completed by Southern Nuclear Communications:

Recommendation by Charitable Contribution Committee (circle one): Yes No Amount Approved: \$ _____

Signature: _____, Charitable Communications Chair

Payment Method (circle one): Check Request Invoice Credit Card

Mail check directly to organization? (circle one): Yes No

To be completed by Site VP/Communications Manager:

Decision by Site VP/Communications Manager (circle one): Yes No Amount Approved: \$ _____

Signature: _____, Site VP/Communications Manager