

TCT Application for Donation/Sponsorship

PO Box 671
405 S 4th St
Basin, WY 82410
OFFICE 307.568.3357
FAX 307.568.2506

1120 Beck Ave.
Cody, WY 82410
OFFICE 307.586.3800
FAX 307.586.5450

PO Box 158
451 Shoshone Ave
Lovell, WY 82431
OFFICE 307.548.2275
FAX 307.548.7771

401 S Bent #4
Powell, WY 82435
OFFICE 307.754.9160
FAX 307.568.3748



The TCT donation committee meets once a month (usually the first week of the month), at which time applications are reviewed for consideration. Please be sure to have your application submitted in a timely manner in order to meet deadlines required for your request. The contact person indicated below will be notified of the committee's decision.

Request date: _____

Name of organization: _____

Contact name: _____

Address: _____

Contact number: _____

Request type: Monetary \$ _____

Advertising (specify type): _____

Goods/services: _____

Other: _____

If a monetary donation, checks should be made out to: _____

Have we donated to your organization in the past? _____

If so, what/how much and when? _____

Please explain how the donation(s) will be used: _____

Please give a brief description of your organization: _____

Will our company be recognized for the donation? If yes, please explain how: _____

Please return completed form by mail or by fax, to the Corporate Office above.

Official use: