

ADDITIONAL INFORMATION

List any volunteers who are employees of American Family:

Have you ever received American Family funds? Yes No If Yes, indicate project funds were used for:

Name of Project: Amount Received \$ Date:

Additional Information: _____

Please include the following items with your completed application.

Most recent audited financial statement.
Current operating budget.
Annual report (or other program summarizing materials).

List of current board of directors.
IRS letter of tax-exempt certification as a 501 (c) (3) or equivalent organization.

Return to:
Community Relations
American Family Insurance
6000 American Pky
Madison, Wisconsin 53783-0001