

Po Box 400 Sayre, OK 73662 (580) 928-3366 Fax (580) 928-3105

## ELECTION TO DONATE MY NORTHFORK ELECTRIC COOPERATIVE CAPITAL CREDITS

I,, ele (PLEASE PRINT FULL NAME)	ct to donate 100% of the capital	credits assigned by Northfork	
Electric Cooperative to the account o	f		
	(PLEASE PRINT FULL NAME)		
for the year(s) of	to Northfork Electric	hfork Electric's Academic Scholarship Fund.	
I elect to have my capital credit disbu	rsement (PLEASE CHOOSE ONE	:)	
1) donated to NFEC's A	Academic Scholarship Fund ever	y year they are available to me,	or
2) donated to NFEC's A	Academic Scholarship Fund this	one time only	
	DATE		
SIGNATURE OF CLAIMANT	DATE	SOCIAL SECURITY NUMBER	
ADDRESS	CITY	( ST.	ATE
PHONE NUMBER(S)		EMAIL ADDRESS	
	ACKNOWLEDGEMENT		
STATE OF OKLAHOMA			
COUNTY OF	) SS.		
Before me personally appeared within and foregoing instrument, and ac	to me known to be th knowledged to me that	ne identical person(s) who executed	l the
free and voluntary act and deed for the u	ises and purposes therin set forth.		

Notary Public

My Commission Expires: \_\_\_\_\_