

## **Donation/Sponsorship Request Form**

	Date	
Name of Organization	·	
Primary Contact Person	Title	
Email	Phone Number	
Mailing Address		
Are any credit union employees associated wit	th this organization? Yes No	
Please provide a brief description of your organ	nizations' cause or purpose:	
Type of Request: Donation or Spo	onsorship	
(Please provide specific details; including ar	mount of donation or sponsorship seeking, number of items nee	ded)
Date of eventLocati	ion of event	
Date gift is needed (60 days in advance notice	required)	
Who will the gift benefit?		
What percentage of the gift will be used for the	e event?	
What percentage of the gift will be used for the	e organizations' administrative purposes?	_
Previously have we donated to this organization	on?	
If yes, for what reason?		
Please list prior gifts given		
Does the organization have any current relatio	onship with us?	
What recognition will the credit union receive	for donating the gift?	
What documentation will the credit union rece	eive as proof of donation?	

Please return completed form via mail, fax or personal delivery thirty days or more before donation is needed.