

Donation/Sponsorship Request Form

Name of Organizat	ion	
Date		Requested by
Primary Contact Person		Title
Phone Number		Email
Mailing Address		
Are any credit union	employees part	of this organization Yes No
Please provide a brie	ef description of y	our organizations' cause:
Type of Request	Donation	Sponsorship
(Please provide spec	ific details; includ	ing amount of donation or sponsorship seeking, number of items needed)
Date of event		Location of event
Date gift is needed (30 days in advanc	e notice required)
Who will the gift ber	nefit?	
What percentage of	the gift will be us	sed for the event?
What percentage of	the gift will be us	sed for the organizations' administrative purposes?
Previously have we	donated to this o	rganization?
If yes, for what reason	on?	
Please list prior gifts	given	
Does the organization	on have any curre	nt relationship with us?
What recognition wi	ill the credit unio	n receive for donating the gift?
What documentatio	n will the credit ເ	nion receive as proof of donation?

2901 Sens Road, La Porte Texas 77571

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

Fax: 281-470-9287

Attention: Adelina Gomez Abshire