



## Donation Request Form

*All requests will be evaluated based on the information provided. Incomplete forms will not be considered.*

Organization Name: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you requested support from WECU in the past?  Yes  No

Purpose of Request: \_\_\_\_\_

\_\_\_\_\_

### Event Information - If Applicable

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Are other financial institutions involved? if yes how? : \_\_\_\_\_

How will the in-kind donation or money raised be used?: \_\_\_\_\_

\_\_\_\_\_

Date funding is needed a 30 day notice required: \_\_\_\_\_

List any marketing opportunities for WECU (logo on event materials, advertisement, presentation, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate any other ways WECU can assist your organization (volunteer opportunities, business development etc)

\_\_\_\_\_

Is your organization a 501(c)(3)?  Yes  No

If funded who should check be made out to? \_\_\_\_\_

If check to be mailed what address? \_\_\_\_\_

Are you or a member of your organization a member of White Eagle Credit Union\*?  Yes  No

If yes, please state name(s): \_\_\_\_\_

\*Membership is not required for consideration nor does membership influence WECU's decision.