



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.