Monroe County Community Credit Union Donation/Contribution Request Form

Please complete and submit the following form to MCCCU's Marketing Department to ensure a prompt reply to the donation/sponsorship request.

Request Date:		Deadline for response:
		Phone:
Requ	uestor's affiliation with Monroe County Comm	nunity Credit Union:
	Member Spouse/Child of Member Other (Please specify)	
Orga	anization's Name:	
Orga	anization's Address:	
Orga	anization's Phone:	
2. \ c	tem(s) requested: O Advertising (Please describe): O Cash (Amount): O Auction or raffle item (Please describe) O Other (Please describe): What type of organization is it? O Non-profit o Community o School o You of Other:	: :
3. \ -	What type of local service does this organization	on provide?
t I F	the past? o Yes o No	contributed to this charitable organization in or additional donation item/volunteer service t Union below. Other:

5.	Will the organization/project directly provide a benefit to a significant portion of MCCCU's current or potential members?		
	∘ Yes o No		
6.	Will Monroe County Community Credit Union receive public recognition from this		
	organization or project?		
	∘ Yes o No		
	If yes, in what way?		
7.	. For what purpose(s) will the donation be used?		
If you have any questions, please contact Kathryn Hall at marketing@mcccu.org or 734.242.3222			
_			
	For Internal Use Only		
	O Approved Amount/Item Donated:		
	O Denied		
Çi~	nature: Date:		
JIK	nature		