

## **Monroe County Community Credit Union Donation/Contribution Request Form**

Please complete and submit the following form to MCCCU's Marketing Department.

Request Date:		Deadline for response:	
Name of Requestor:		Phone:	
Requestor's affi	iation with Monroe Count	ry Community Credit Union:	
	Child of Member lease specify)		
Organization's N	lame:		
Organization's A	ddress:		
Organization's F	hone:		
<ul><li>Cash</li><li>Auct</li></ul>	rtising (Please describe): _ (Amount):	escribe):	_
o Non-profit	f organization is it? o Community o School	o Youth o Religious Organization	o Individual
3. What type o	f local service does this or	ganization provide?	
4. Has Monroe the past?		it Union contributed to this charitable	e organizatio
	o Yes		

	If you answered yes, please specify the dollar amount and/or additional donation item/volunteer service provided by Monroe County Community Credit Union below.
	Year:
5.	Will the organization/project provide a benefit to MCCCU's current or potential members?  ○ Yes o No
6.	Will Monroe County Community Credit Union receive 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 MCCCU's Marketing Department at marketing@mcccu.org or 734.242.3222
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	For Internal Use Only
	O Approved Amount/Item Donated: O Denied
Sig	gnature: Date: