



Donation Request Form

Organization Name: _____

Is the Organization a 501 c(3) or (6)? Yes No

Name of Event: _____ Date of Event: _____

Expected attendance for the event or the # of people impacted by the donation: _____

Who will RCFCU's support benefit: _____

How will the support be used: _____

Donation Desired (check all that apply)

Money Raffle/Auction Item Logo Items Employee Time/Volunteers

Other: _____

Amount Requested: \$ _____ Item Requested: _____

of Logo Items Requested: _____ Hours Requested: _____

What type, if any, of advertising coverage, social media coverage, or on-site visibility will RCFCU receive as a donor: _____

Do you need a RCFCU Logo: Yes No File Type: _____

Contact Person: _____ RCFCU Member Yes No

Phone #: _____ Email: _____

If approved, make check payable to: _____

Mail P/U at Main Branch Mailing Address: _____

Funds Needed By: _____

Committee Decision: Approved Denied Date: _____

Donation Type/Amount Approved: _____