

Mail: 404 S. Euclid Ave. Bay City MI, 48706 Phone: 989-684-1730 ext. 6062 Email: dvanidour@sunrisefamilycu.org Fax: 989-671-6023

## **Request for Charitable Contribution**

You are invited to submit a request for charitable donations to worthy organizations and projects. This form is intended to gather sufficient information regarding the nature of the organization and the purpose of the donation to fairly evaluate the request. Please completely fill out this form prior to submission and allow four weeks for a decision. Email, mail or fax your request to the address listed above, attention Debbie Van Idour.

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## **Part 2: Charitable Request Information**

Amount Requested:	Date donation needed by:
Number of Persons Impacted:	Additional Sponsors? ( ) Yes ( ) No
Briefly describe the activity or project for which you are requesting a contribution:	
Is there any non-monetary support opportu	inities associated with this request?
If Sunrise Family Credit Union supports ye and follow up with us regarding the results	our project, will you measure its effectiveness s?
What are the publicity plans for the project included? In what ways other than media v recognized?	t, and how will Sunrise Family Credit Union be will Sunrise Family Credit Union be
Part 3: About Your Organization	
Are there volunteer opportunities within ye Please explain:	our organization? ( ) Yes ( ) No
Please indicate how funds are allocated for % Community Programs/Support	r every \$100 contributed amidst: % Fund-Raising
% Future Resources	% Administrative
Signature:	Date: