



6272 M-68/33  
P.O. Box 770  
Indian River, MI 49749  
P: 231-238-8331 ext. 2327  
F: 231-238-1294

### Request for Donation

As a member of the Awakon Federal Credit Union, 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 up to three weeks for your request to be processed. Mail or fax your request to the address listed above, attention Marketing Department.

**Organization Name:** \_\_\_\_\_ **Event Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Check Payable to:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**What is your organization's purpose?** \_\_\_\_\_

**Has Awakon Federal Credit Union donated to your organization in the past?**

Yes  No (If "Yes", please explain) \_\_\_\_\_

**Amount or Item 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In what ways will Awakon Federal Credit Union be recognized for their contribution?**

\_\_\_\_\_  
\_\_\_\_\_

**Please indicate how funds are allocated:**

\_\_\_\_\_ % Community Programs/Support \_\_\_\_\_ % Fund-Raising

\_\_\_\_\_ % Future Resources \_\_\_\_\_ % Administrative

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_