



Donation Request Form

GENERAL INFORMATION

This form should be completed electronically and emailed. This form can be submitted by sending it to ccu@coopcu.com. Requests should be submitted at least 4 – 6 weeks in advance of an event to allow time for review. *Indicates required field

Today's Date: _____

ORGANIZATION INFORMATION

*Name of Organization

*Mailing Address

*City

*State

*Zip Code

Telephone Number

Organization Website or Facebook Page

Contact E – mail Address

Name of Contact*

Title or Relationship to Organization

Contact's Telephone Number (if different)

Has the organization received support from CCU? _____ When? _____ Amount: _____

PROGRAM INFORMATION

Program or Event Name

Purpose of Support

Donation Request

How will a CCU donation assist your program?

Area/Community the program will serve

Estimated number of people served

Date of program/event

Signature of Applicant

Please bring this completed form to your nearest Co-op Credit Union location, or submit completed form via email to ccu@coopcu.com.

Black River Falls | Fall Creek | Galesville | Melrose | Onalaska | Strum

INTERNAL USE ONLY

APPROVED YES

NO

AMOUNT

INITIALS

DATE

MAIL CHECK

or

INTER-OFFICE MAIL TO:

ADDITIONAL NOTES: