



Alpena
Alcona
Area
Credit Union

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Request for Charitable Contribution

As a member of Alpena Alcona Area 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 four weeks for a decision. Mail or fax your request to the address listed above, attention LeAnn Schultz.

Part 1: Contact Information

Organization Name:

Primary Contact:

Tax Identification Number:

Title:

E-mail Address:

Phone Number:

Web Address:

Fax Number:

Address:

City:

State:

ZIP:

What is your organization's purpose? _____

What are the demographics of your target market (age, income, residence, etc.)?

Has Alpena Alcona Area Credit Union donated to your organization in the past? () Yes () No

(If "yes," please explain) _____

(continued on reverse)

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: _____

Are there any non-monetary support opportunities associated with this request? _____

If Alpena Alcona Area Credit Union supports your project, how will you measure its effectiveness and follow up with us regarding the results? _____

What are the publicity plans for the project, and how will Alpena Alcona Area Credit Union be included? In what ways other than media will Alpena Alcona Area Credit Union be recognized?

Part 3: About Your Organization

Are there volunteer opportunities within your organization? () Yes () No

Please explain: _____

Please indicate how funds are allocated for every \$100 contributed amidst:

% Community Programs/Support

% Fund-Raising

% Future Resources

% Administrative

Signature: _____ **Date:** _____