

Federally Insured by NCUA, Equal Housing Lender

Donation Request

Last Name:

First Name:

Submitted on:			
Guidelines			
few things to know before sub 1. Members First Credit Union 2. We prioritize contributions homelessness/food support, 3. Please complete as many 4. Please allow at least 30 da 5. Donation requests are not	omitting your request. In reserves the right to consider eat to organizations and events that sand veterans/military. If ields that apply to your organizations for your request to be reviewe considered for individuals or politicated are not available.	ach request on a case-by-case b support children/youth support setion. Incomplete requests could bed by the appropriate committee. ical parties, candidates, or cause m is not needed or worthy, but sin	ervices, disaster response, e delayed or declined.
Organization Name		Organization	
Organization Contact (required)	Name	Email	Phone
Organization Mailing Address	Address Line 1 Address Line 2 City	State	ZIP Code
Social Media Screen Name or Website (required)	Facebook	Instagram	Website
		Details	
Donation/Event Name			
Amount Requested			
Please describe the reason you are requesting the contribution:			

What is your association with Members First Credit Union? (required)	Member (enter Account Number)	Employee (enter Name)	Other (please Specify)
How would this donation benefit the community?			
How will this donation be acknowledged? (for example: event signage, logo on shirts/jerseys, M1st name on website, social media mention, etc.)			