

# Community First Credit Union Corporate Contributions Request Form



## Organization Information

Name	
Address	
Contact Person	
Telephone	
Previous CFCU Contribution Recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, describe:

## Request Information

Purpose of Request (Please describe your request. You may attach additional supporting information to this request form.)	
Amount Requested	
Population impacted	
If you are requesting funds for an annual fund raiser, please list net proceeds from previous year(s).	
History of CFCU Past Support	
Other sources of support for this project/fund raiser	
Are there any CFCU employees on your board of directors or any employees involved in your project/fund raiser?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, describe

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## To Be Completed By CFCU Personnel Recommendation/Opportunities to Support

## Approval Status

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date Approved
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