

## Charitable Donation Request Form

All requests will be evaluated based on the information provided. Incomplete forms will not be considered.

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Have you received the support of High Point FCU in the past?  Yes  No

If yes, when did you receive support? \_\_\_\_\_

Support Desired:  Monetary  Donation of Item Date needed: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Description of how these funds will be used to benefit the community? \_\_\_\_\_

List any marketing opportunities for High Point FCU (logo on event materials, advertisements, etc.)

If approved, make check payable to: \_\_\_\_\_

Mail check to: \_\_\_\_\_

Are you or your affiliated organization a member of High Point FCU? Yes  No

### Request forms and supporting documents can be mailed or emailed to:

High Point Federal Credit Union  
Attn: Donation/ Marketing Request  
234 Homer St., Olean, NY 14760  
Email: [marketing@highpointfcu.com](mailto:marketing@highpointfcu.com)

Recommending Employee: \_\_\_\_\_ Date Received: \_\_\_\_\_

Approve/Denied: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_