

COMMUNITY SPONSORSHIP REQUEST FORM

Please complete form below and

or drop off at your nearest UFCU branch.

GENERAL INFORMATION

Organization Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Is the organization UFCU common bond member? Yes No

Is organization membership-based Yes No

Is the organization 501(c)3? Yes No

How many members in organization _____

If school, how many students registered this year _____ Year founded _____

Has UFCU provided sponsorships for this organization in the past? Yes No

Please describe the purpose and mission of the organization. Include previous accomplishments and attach photos if applicable.

EVENT/PROJECT DETAILS

Name of Event/Project: _____ Date(s): _____

Location: _____ Amount Requested: \$ _____

Please describe the event/project. Include details such as who is the target audience, expected number of attendees, and number of volunteers.

List any other sponsors of the event/project:

Is UFCU the only financial institution requested to sponsor this event/project? Yes No

If No, please list any other financial institutions expected to sponsor this event/project:

PROMOTION OF THE EVENT/PROJECT

How will the event/project be publicized? Choose all that apply.

Other: _____

Please list any other forms of marketing such as invitations, brochures, banners, and programs:

How many advertisements are expected to appear? Please include the size of ads, the form of advertising, date(s) ads will run, and number of ads.

Will UFCU's name and logo be used? Yes No

Describe how many times, where, and when UFCU's name and logo will be used: _____

Will there be an opportunity for a UFCU representative to speak during the event or give a presentation of UFCU's services? Yes No

If Yes, please describe where and when a UFCU representative will be able to give a presentation:

Will there be an opportunity for UFCU to distribute any marketing collateral such as brochures, promotional materials, and etc.? Yes No

If Yes, please describe where, when, and how UFCU can distribute marketing materials:

At UFCU we believe in creating partnerships with organizations that are mutually beneficial. We value community support and our goal is to be a respected organization in our communities. Thank you for taking time to complete this sponsorship request. We will review this information and provide our decision within 2-4 weeks.

Your Name: _____

Title: _____ Date: _____

or drop off at your nearest UFCU branch.

Branch Advisory Committee comments:

Branch Advisory Committee members approval:

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____

Name _____ Signature _____