## COMMUNITY SPONSORSHIP REQUEST FORM

Please return completed form to a UFCU team member by e-mail or by visiting a UFCU branch near you.

<b>GENERAL INFORMATION</b>								
Organization Name:								
Contact Name:								
Address:								
City:	State:		Zip:_					
Phone:								
E-mail:	Websi	ite:						
Is the organization UFCU common	n bond n	nemb	er?	Yes	No			
Is organization membership-base	d	Yes	No					
Is the organization 501(c)3?	Yes	No						
How many members in organizati	ion							
If school, how many students regis	stered t	his ye	ear			Year founded		
Has UFCU provided sponsorships	for this	orgar	nization	in the	past?	Yes No		
EVENT/PROJECT DETAILS								
Name of Event/Project:					Date	e(s):		
	Amount Requested: \$							
Please describe the event/project attendees, and number of volunte		e deta	ils such	as who	o is the	e target audience, expe	ected nu	imber of
List any other sponsors of the eve	nt/proj	ect:						
Is UFCU the only financial institut If No, please list any other financia	_		-				Yes	No

## **PROMOTION OF THE EVENT/PROJECT**

How will the event/project i	e publicized? Choose all that apply.
Other:	<del></del>
Please list any other forms o	marketing such as invitations, brochures, banners, and programs:
How many advertisements a date(s) ads will run, and nur	e expected to appear? Please include the size of ads, the form of advertising ber of ads.
Will UFCU's name and logo be Describe how many times, w	e used? Yes No nere, and when UFCU's name and logo will be used:
of UFCU's services?	For a UFCU representative to speak during the event or give a presentation es No and when a UFCU representative will be able to give a presentation:
Will there be an opportunity promotional materials, and	For UFCU to distribute any marketing collateral such as brochures, c? Yes No
If Yes, please describe where	when, and how UFCU can distribute marketing materials:
community support and our taking time to complete this decision within 2-4 weeks.	g partnerships with organizations that are mutually beneficial. We value goal is to be a respected organization in our communities. Thank you for ponsorship request. We will review this information and provide our
Title:	Date:

	INTERNAL USE ONLY
Branch Advisory Committee con	nments:
Branch Advisory Committee me	mbers approval:
Name	Signature