COMMUNITY SPONSORSHIP REQUEST FORM

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

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	d Yes No		
Is the organization 501(c)3?	Yes No		
How many members in organization	on		
f school, how many students registered this year Year founded			
Has UFCU provided sponsorships f	for this organization in the past? Y	es No	
EVENT/PROJECT DETAILS			
Name of Event/Project:	Date(s):		
	Amount Requested: \$		
Please describe the event/project. attendees, and number of voluntee	Include details such as who is the targers.	get audience, expected number of	
List any other sponsors of the ever	n/project:		
•	on requested to sponsor this event/pall institutions expected to sponsor this	· ·	

PROMOTION OF THE EVENT/PROJECT

How will the ev	ent/project be publicize	d? Choose all tha	t apply.	
TV Website	Radio Other:	Print	Social Media	
Please list any o	other forms of marketing	such as invitatio	ons, brochures, banners, and programs:	
-	ertisements are expected run, and number of ads.		se include the size of ads, the form of adver	tising
	ne and logo be used? nany times, where, and w		ne and logo will be used:	
of UFCU's servi	ices? Yes No	-	o speak during the event or give a presentation:	ation
promotional ma	aterials, and etc.? Yes	No	marketing collateral such as brochures,	
community sup	port and our goal is to be omplete this sponsorshi	e a respected org	zations that are mutually beneficial. We va anization in our communities. Thank you f ll review this information and provide our	for
Your Name:				
Title:		Date:		

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	INTERNAL USE ONLY			
Branch Advisory Committee comments:				
Branch Advisory Committee members	pers approval:			
Name	Signature			