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					
If school, how many students regis	f school, how many students registered this year Year founded					
Has UFCU provided sponsorships	for this organization 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 voluntee		e target audience, expected number of				
List any other sponsors of the ever	n/project:					
Is UFCU the only financial instituti If No, please list any other financia	•	* * *				

PROMOTION OF THE EVENT/PROJECT

How will the ev	ent/project be p	ublicized? Choose all that	apply.	
Television Internet	Radio Oth	Print Advertising er:	Social Networks	
Please list any o	ther forms of ma	arketing such as invitation	s, brochures, banners, and program	ms:
-	ertisements are e		e include the size of ads, the form o	of advertising,
	ne and logo be us any times, wher		and logo will be used:	
of UFCU's servi	ces? Yes	No	speak during the event or give a p	
promotional ma	iterials, and etc.?	Yes No	arketing collateral such as brochui	res,
community sup	port and our goa omplete this spo	l is to be a respected orga	ations that are mutually beneficial. nization in our communities. Than review this information and provi	ık you for
Name of person	completing forn	1:	-	
Title of person o	completing form:		Date submitted:	

	INTERNAL USE ONLY
Branch Advisory Committee com	nments:
Branch Advisory Committee men	nbers approval:
Name	Signature