



"We're making a difference."

COMMUNITY DONATION REQUEST

DATE OF REQUEST: _____ DATE FUNDS NEEDED BY: _____

ORGANIZATION: _____

CONTACT PERSON: _____ TAX ID# _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

AMOUNT REQUESTED: \$ _____

PREVIOUS SUPPORT FROM CREDIT UNION: YEAR _____ AMOUNT \$ _____

IS THIS ORGANIZATION A 501 - (C3) NON PROFIT? YES _____ NO _____

IS THIS ORGANIZATION A MEMBER OF THE UNITED WAY? YES _____ NO _____

DESCRIBE HOW FUNDS REQUESTED WILL BE USED: _____

HOW WILL THIS FUNDING BENEFIT THE COMMUNITY: _____

SUBMIT APPLICATION TO

ST. ANNE'S CREDIT UNION
829 SOUTH MAIN STREET
FALL RIVER, MA 02724

PAULA CARVALHO, AVP

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New Bedford • Somerset • Swansea
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