



"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 \$ _____

Does the organization or contact person have an account with St. Anne's? Yes No

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:

Verify the Information Is Correct Before Submitting.