



DONATION & SPONSORSHIP REQUEST FORM

All fields must be completed for consideration.

TODAY'S DATE: _____

ORGANIZATION: _____

ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ CONTACT PERSON: _____

DATE NEEDED: _____ DONATION REQUEST: _____

PREVIOUS DONATIONS/SPONSORSHIPS: _____

BUSINESS AFFILIATION WITH FIRELANDS FEDERAL CU: _____

HOW WILL OUR NAME/LOGO BE USED AT YOUR EVENT? _____

DO YOU NEED A COPY OF OUR LOGO? _____

BELLEVUE

221 E. Main St.

NORWALK

175 Cleveland Rd.

GALION

419 Harding Way W.

BUCYRUS

2100 E. Mansfield Street

1-800-276-5775 • 419-483-4180 • PO Box 8005 • Bellevue, OH 44811 • www.firelandsfcu.org

**FOR OFFICE
USE ONLY**

Date _____

Amount/Donation _____

Approved

Signature _____