

Charitable Contribution Request Form

Please submit your request one month prior to event or deadline to ensure the committee has ample time to review and process paperwork.

Organization Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Organization's Website: _____
Primary Contact: _____ Title: _____
Phone # _____ Email Address: _____
 Non-Profit 501(C)(3) EIN# _____ Local school or school-affiliated organization

Program/Event/Project Title: _____
Date of Event: _____ Dollar Amount Requested: _____
Program will benefit: _____
Geographic location contribution will benefit: _____
Benefit(s) to Sikorsky Credit Union: _____

Please indicate level of recognition for Sikorsky Credit Union: *(you may select more than one)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Program ad | <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Media release |
| <input type="checkbox"/> Website mention | <input type="checkbox"/> Signage at event | <input type="checkbox"/> Recognition in newsletter |
| <input type="checkbox"/> Other: _____ | | |

Ad copy: Black & White Color Logo only Not applicable
 Paper copy Electronic copy
 Image size: _____

Send electronic copy of ad to: _____

Please send this charitable contribution request form along with supporting documentation to back in one of two ways. :

1) Emailed as an Attachment to:
Community@sikorskycu.org

2) Sent Via Postal Mail to:
ATTN: Sikorsky Credit Union
Marketing Dept - Charitable Contribution Request
1000 Oronoque Lane
Stratford, CT 06614

Requestor: _____ Date: _____

Signature: _____