

Charitable Contribution Request Form

Please submit your request 90 days prior to the event (or deadline).

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 in one of two ways:

1) Email 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: _____