



Date: \_\_\_\_\_

Organizations applying for a donation/sponsorship must submit a completed Donation/Sponsorship Request Form signed by the requesting individual or organization and sent to:

**Hudson River Community Credit Union**  
**Attn: Marketing Department**  
**One Third Street, Corinth, NY 12822**  
**Fax: 518-820-2102**  
**Email john.marino@hrccu.org**

**THE INFORMATION BELOW IS REQUIRED FOR CONSIDERATION OF THIS REQUEST.**

Tax Number (EID) of Organization: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Contact Person for Request: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Contact Person's Email Address: \_\_\_\_\_

Organization's Website Address: \_\_\_\_\_

Amount of Donation or Item Requested \_\_\_\_\_ Date Donation is Needed: \_\_\_\_\_

Mission Statement of Organization: \_\_\_\_\_

Please describe how and when the funds (or items) will be used: \_\_\_\_\_

How will Hudson River Community Credit Union's donation be acknowledged? \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Manager Initials \_\_\_\_\_

Request for funds remitted to accounting \_\_\_\_\_ by \_\_\_\_\_ Denial information sent \_\_\_\_\_ by \_\_\_\_\_