



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: adam.rossi@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 _____