

Sponsorship/Donation Request Form

(This form is required 30 days prior to request date of funds). Please address this form to:
Solidarity Community Federal Credit Union
Attn: Marketing Department
201 Swy Blvd E.
Kokomo, IN 46902
jfunk@solfcu.org (765) 453 4020, ext. 1315

Today's Date: _____ Sponsorship/Donation Request Date _____

This request is for \$ _____ donation/sponsorship (*please circle one*) for:

Name of Organization/Company/Not-for-Profit:

Physical address: _____ City _____ St _____ Zip _____

Telephone: _____ eMail _____

Web Site: _____ Contact Person _____

Contact Information:
email _____ Phone _____

Short Description on how this Donation/Sponsorship money will be used?

How will Solidarity be recognized for Donation/Sponsorship?

Ad Copy Due or Logo: (yes or no) Send to email: _____

Approved by _____ Date _____

