

CRESTON & DISTRICT

CREDIT UNION

140 11th Ave N, PO Box 215, Creston BC V0B 1G0
Telephone: (250) 428-5351 Fax: (250) 428-5302
Email: cdc@cdc.com

DONATION REQUEST FORM

Organization Overview

Name of Organization: _____

Contact Person: _____ Title: _____

Address: _____

Postal Code: _____ Telephone #: _____

Fax: _____ Email: _____

*Is your organization a Creston & District Credit Union member?

No

Yes

Account # to Deposit to: _____

**Please note that preference may be given to Groups/Organizations who are current members in good standing with Creston & District Credit Union*

Event Overview

Name of Project/Event: _____

Purpose or Nature and Description of Project/Event: _____

Date of Event: _____

Financial Information

Amount Requested? _____

Reason for the Request? _____

How will funds be used? _____

What fundraising is the group doing for their event? _____

What community or audience will benefit from the event? How many will be directly affected?

Have you received Creston & District Credit Union support in the past? Describe:

Community Recognition

How will Creston & District Credit Union be recognized or promoted for its contribution to this event? _____

List all advertising and promotional opportunities: _____

Office Use Only

Application Submission Date _____ / _____ / 20____
Month Day Year

Applicant Group Name: _____

Amount Requested: _____

Committee Revision Date: _____

Committee Decision: _____

Comments: _____