



## DONATION & SPONSORSHIP REQUEST FORM

*All fields must be completed for consideration.*

TODAY'S DATE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

DATE NEEDED: \_\_\_\_\_ DONATION REQUEST: \_\_\_\_\_

\_\_\_\_\_

PREVIOUS DONATIONS/SPONSORSHIPS: \_\_\_\_\_

\_\_\_\_\_

BUSINESS AFFILIATION WITH FIRELANDS FEDERAL CREDIT UNION: \_\_\_\_\_

\_\_\_\_\_

HOW WILL OUR NAME/LOGO BE USED AT YOUR EVENT? \_\_\_\_\_

\_\_\_\_\_

DO YOU NEED A COPY OF OUR LOGO? \_\_\_\_\_

*Return by fax to: 419-668-6007 or in person to one of our convenient locations.*

**BELLEVUE**

221 E. Main St.

**NORWALK**

175 Cleveland Rd.

**BUCYRUS**

2100 E. Mansfield St.

**GALION**

1222 St. Rt. 598

**MONROEVILLE**

169 N. Ridge St.

1-800-276-5775 • P.O. Box 8005 • Bellevue, OH 44811 • [www.firelandsfcu.org](http://www.firelandsfcu.org)

**FOR OFFICE  
USE ONLY**

Date \_\_\_\_\_

Amount/Donation \_\_\_\_\_

Approved

Signature \_\_\_\_\_