

## SPONSORSHIP AND DONATION APPLICATION

Our review process includes three steps. See Parts A, B, and C below.

## PART A – APPLICANT INFORMATION

Request for a (please check one):	Is the Applicant a member of UKRFCU?		Is the Applicant a non-profit or registered charitable organization?			•	Amount requested:
<ul><li>DONATION</li><li>SPONSORSHIP</li></ul>	<ul><li>YES</li><li>NO</li></ul>		_	es Io			
Name of Organization (Applicant):					Name and <sup>-</sup>	Title of Contact	Person:
Telephone of Contact Person: E-mail of		Contact Person:		rson:	Mailing Addre	ss of Contact Person:	
Has the Applicant previously received funding from UKRFCU? If so, when?			from	соі	Does your organization employ, or have as a board or committee member, a current UKRFCU employee and/or board member? If yes, please elaborate:		

## **PART B - PROJECT/EVENT/ACTIVITY INFORMATION**

Please attach a letter with this form that includes the following information:

- Title and Brief Explanation of Project/Event/Activity
- Date
- Location
- Budget
- Target audience

Upon receiving an application, the UKRFCU reserves the right to request additional information from the applicant in order to assist in making a decision during the due diligence process.

## PART C – AFFIRMATION AND AUTHORIZATION

I affirm that, on behalf of the organization, the information in this application and letter is accurate and complete. I acknowledge that the official UKRFCU logo and correct credit union name (\*see below) will be used to recognize UKRFCU's support. We will provide a speaking and display opportunity for UKRFCU representatives. UKRFCU reserves the right to publicize all projects and recipients. \*Official name: **Ukrainian Selfreliance Federal Credit Union** 

Signature of Contact Person:	Date:

Signed application and request letter must be e-mailed or mailed to:

Email:Mail:Subject: Donation/SponsorshipUkrainian Selfreliance FCUmarketing@ukrfcu.comAttn: Senior Vice President221 W. Street Road – Feasterville, PA 19053