



## 802 Credit Union Donation Request Form

Giving back to the community is an essential part of our business. We want to support organizations that help better the community in which we are all a part of.

To ensure that your request is processed in a timely fashion, please allow at least TWO weeks notice.

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Role in Organization: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Brief description of organization's mission:

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Date of Event: \_\_\_\_\_ Date Donation Needed: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Donation Request: \_\_\_\_\_

Brief summary of how donation would be used:

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Solicitor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Please mail completed forms to:  
802 Credit Union  
Attention: Marketing  
P.O. Box 9491  
South Burlington, VT 05407  
Or email to: [marketingdept@802cu.com](mailto:marketingdept@802cu.com)