



Marshall Community
Credit Union

Contribution/Donation Request Form

Member or Organization Placing Request: _____

Date of Request: _____ Date Donation Needed: _____

Contact Person: _____ Phone Number: _____

Mailing Address: _____

Email address: _____

Amount/Donation Requested: _____ Tax Deductible: Yes No

Description of Request (what the funding will be used for):

What segment of the community will be served by your event? _____

How many people are expected in attendance? _____

Please list your business/organization's EIN or Tax ID # _____

How will MCCU be recognized for our donation/contribution?

What other financial institutions will be involved in the event?

Would your organization be willing to participate in a photo op and press release announcing this contribution? Yes No

Please return completed form to MCCU
Attn Marketing
839 W Green St, Marshall, MI 49068
email: marketing@marshallcommunitycu.com
Fax: 269.969.7933



Marshall Community
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(THIS PORTION IS FOR MCCU USE ONLY)

Recommendation: Approve Decline

Approved by: _____

2nd Signature (requests over \$500): _____

Amount Approved \$ _____

Pay to: _____

GL# _____ Date paid: _____

Check #: _____

Mail /Pick up Instructions: _____
