



Marshall Community
Credit Union

CONTRIBUTION/DONATION REQUEST FORM

All of the following information is required in order for Marshall Community Credit Union to consider your request.

Organization: _____ Date: _____

Contact Person: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Describe your organization, including its mission:

At MCCU, we are assessing the impact we are having on our diverse communities. By completing the information below, this will assist us in identifying both current and potential opportunities for positive impact.

1. Is your organization at least 51% owned, controlled, or lead by any of the following (please check)?

- | | |
|---|--|
| <input type="checkbox"/> BIPOC (black, indigenous, all people of color) | <input type="checkbox"/> Woman/Women |
| <input type="checkbox"/> Veteran(s) | <input type="checkbox"/> Person(s) with Disabilit(ies) |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Other: _____ |

2. If you selected BIPOC, please check the one that best describes:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Native American/Alaskan Native |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> Other: _____ | |

3. Will your request be utilized to advance the interests of any of the above mentioned groups? If yes, please explain:

Please list your organizations EIN or Tax ID #: _____

How will this donation be used? _____

What kind of advertising/signage and/or recognition will Marshall Community Credit Union receive, if any? _____

Are there any other financial institutions donating at this time? If so, please list.

What type of contribution are you seeking? (check one)	
<input type="checkbox"/>	Monetary \$ _____ (please be specific)
<input type="checkbox"/>	Marshall Community Credit Union Promotional Item(s). Desired item(s): _____

By what date do you need the contribution? _____

Please submit complete request no less than 30 days before contribution is needed. Incomplete or late requests may not be considered.

To whom should the check be made payable? _____

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.
Or email marketing@marshallcommunitycu.com.