



CONTRIBUTION/DONATION REQUEST FORM

All requests must be received 30 days before the contribution is needed. All sections must be completed for consideration.

MCCU will not consider requests that seek to benefit the following: for-profit organizations, religious organizations or affiliations, political organizations or affiliations, or non-profit organizations providing grants to other non-profit organizations.

Contact Information

Contact Person: _____

Phone Number: _____

Email Address: _____

Date Submitted: _____ Deadline for Answer: _____

Organization Information

Organization Name: _____

Organization EIN or Tax ID #: _____

Describe your organization, including its mission:





Contribution Details

Name of Event: _____

Description of Event: _____

Where will the event be held?: _____

Date of Event: _____

What type of contribution are you seeking? Please fill out each section that applies.

a Monetary Donation

Amount Requested: \$ _____

a Items

Branded Promotional Item(s) or Others Requested:

a MCCU Volunteers

of volunteers needed: _____

Volunteer task(s): _____

Volunteer dress code: _____





What will our donation be used towards? What will any leftover funds be used towards?

What kind of recognition will Marshall Community Credit Union receive, if any (i.e., social media posts, press releases, radio advertisements, signage)?

Have you requested a contribution from any other financial institution? If so, please list who and level of support.

Are you willing to participate in a photo and press release announcing MCCU's support of this contribution?

a Yes a No





Diversity, Equity, and Inclusion

At MCCU, we assess our impact on diverse communities. Please help us understand if your request supports diversity, inclusion, and equity.

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

a BIPOC (black, indigenous, people of color) a Woman/Women
a Veteran(s) a Person(s) with Disabilit(ies) a None of the above
Other: _____

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

a Black/African American a Asian a Native American/Alaskan Native
a Latino/Hispanic a Other: _____

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

Payment Information

To whom would the check be made payable? _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please return completed form to MCCU, Attn: Marketing
or email to marketing@marshallcommunitycu.com.

