



SPONSORSHIP/DONATION REQUEST

CCCU is committed to the local community. Use this form to submit a request for support of a local charity or organization.

Note: All requests must provide a W-9 for consideration. Requests will be reviewed by the CCCU Cares Committee for support. Please allow 14 business days for a response.

CCCU does not support: Travel expenses, uniform expenses, scholarships, equipment expenses, or any type of fee/activity cost.

SPONSORSHIP/DONATION DETAILS

Date of Submission		Dollar Amount Requested	
Date Funds Needed			

ORGANIZATION INFORMATION

Name of Organization			
Organization Mission			
Address, City, State, Zip Code			
Phone Number			
Organization Website			
Contact Person			
Email Address			
Is the organization 501(c)3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What Areas of Clark County does the Nonprofit Serve?			
Does Your Organization Serve: (Check all that apply)	Underserved Communities <input type="checkbox"/> Youth Services <input type="checkbox"/> Financial Education <input type="checkbox"/>	Medical Field <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Firefighter <input type="checkbox"/>	Dental <input type="checkbox"/> Other: <input type="checkbox"/> <input type="text"/>

EVENT INFORMATION

Request Type	General Donation/Money <input type="checkbox"/>		Raffle Prize/Gift Basket <input type="checkbox"/>	
	Banner <input type="checkbox"/>		Ad Placement <input type="checkbox"/>	
	Event Sponsorship <input type="checkbox"/>		Other: <input type="checkbox"/>	
	<input type="text"/>			
How will Funds be Used?				
Event Name				
Event Date & Time				
Event Address City, State, Zip				
What is the Purpose of the Event?				
What is the Audience Demographics? (Check one)	Youth <input type="checkbox"/>	How many people will be serviced by this sponsorship/donation?		
	Adult <input type="checkbox"/>			
	Both <input type="checkbox"/>			
Do you have additional information to provide about the event? If yes, please include this with your form for review.	Yes <input type="checkbox"/>	What is the percentage of this donation that will go to administration costs?		
	No <input type="checkbox"/>	How much of the donations help local programs?		
How will CCCU be Recognized for the Sponsorship/Donation? (Check all that apply)	Flyer <input type="checkbox"/>	Announcement <input type="checkbox"/>		
	Email <input type="checkbox"/>	Social Media <input type="checkbox"/>		
	Banner <input type="checkbox"/>	Tickets <input type="checkbox"/>		
	Ads <input type="checkbox"/>	Other: <input type="checkbox"/>		
	<input type="text"/>			

I understand that completing this form is not an agreement, but a request for Clark County Credit Union sponsorship.

Return completed form to:

CCCUCares@cccuv.com OR return to any CCCU Branch

ATTN: CCCU Cares Committee