



## 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.

Date of Submission		Dollar Amount Requested	
Date Funds Needed			

Name of Organization	
Organization Mission	
Address, City, State, Zip	
Phone Number	
Organization Website	
Contact Person	
Email Address	
501(c)3 Organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REQUEST TYPE	<input type="checkbox"/> General donation/money	<input type="checkbox"/> Event Sponsorship	<input type="checkbox"/> Ad Placement
	<input type="checkbox"/> Volunteers	<input type="checkbox"/> Raffle Prize/ Gift Basket	<input type="checkbox"/> Other: <input type="text"/>
Event Name			
Event Date & Time			
Anticipated Attendance			
Event Address City, State, Zip			
Support Recognition/ Advertisement			

**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](mailto:CCCUCares@cccuv.com) OR  
 Return to any CCCU Branch  
 ATTN: CCCU Cares Committee