



DONATION REQUEST

Date: _____

Name of Organization Requesting Donation:

Is this a Nonprofit (501(c)(3)) Organization? Circle One – Yes No

(If "Yes", please attach a copy of your federal or state nonprofit certification.)

Street or PO Box Address:

City:

State:

Zip Code:

Person serving as contact:

Contact Telephone Number:

Amount requested:

What is the purpose of the request or benefit to result from the donation (Please attach additional information as appropriate):

How will Ent be recognized, acknowledged, or promoted in conjunction with this donation?

Deadline for a decision or receipt of donation (if any):

(For Ent FCU Use)

Date Received:

Date of Committee Review

Decision:

Amount/Check Number/Date:

Date Decision Communicated: