



DONATION REQUEST FORM

Please return completed* form at least six weeks prior to event

COPOCO Community Credit Union
PO Box 1520 Bay City, MI 48706
contactus@copoco.org

Date of request: _____ Amount/Item being requested: _____

Organization Name: _____ Tax ID# _____

Contact Name: _____

Contact Phone Number: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Contact Email: _____

Event Name: _____ Event Date: _____

Event Description: (Please attach an event description on organization letterhead)

How does this event/program/person affiliated with COPOCO Community Credit Union: _____

How will the donation be used? (silent auction, fundraiser, prize, etc.)

How will COPOCO Community Credit Union be recognized? _____

What happens to funds/items requested if not enough funds are raised for project/program?: _____

If financial contribution: To whom should check be made payable: _____

Address: _____

**Only requests via completed donation request forms will be considered.*