

## **Donation or Sponsorship Request**

Date of R	equest:	

For promotional items and cash donations

## Requests should be made at least THREE weeks in advance of date required.

Organization/Group Information ————————————————————————————————————				
Organization/Group Name:				
Address:		_		
Contact Name:	Phone Number:			
Email Address:	Member of Crossroads Credit Union: □Yes □No			
Event or Project Information				
Name of project or event:				
Date of project or event:	Estimated cost of project or event: \$			
Partnership type:   Capital project  Donation  Tournament	<ul><li>□ Community fundraiser</li><li>□ Event/program sponsorship</li><li>□ Volunteers</li></ul>			
Type of donation/sponsorship: $\square$ Promotional items $\ \square$ Cash $\ \square$ Other:				
Cash amount, if requested: \$				
Intended use:				
How will crossroads be reco  Award presentation  Posters/tent cards  Speaking opportunities  Tickets or table at event	ognized for this request?  □ Event program advertising □ Logo on website with link □ Verbal recognition at event □ Other:	<ul><li>☐ Advertising in newspaper</li><li>☐ Signage at event</li><li>☐ Permanent signage</li></ul>		
Select your primary audiend  Adults  Children & youth	ce:  Seniors			
Will social media be used to promote your request? $\Box$ Yes $\Box$ No				
Do you give Crossroads Credit Union permission to promote your event on their social media pages (Facebook and Twitter)? $\Box$ Yes $\Box$ No				

Please provide any extra information as attachments for review.

Thank you for your request! The Marketing Department will contact you once your request has been reviewed.