

OUCU Financial

Donation/Sponsorship Request Form

Date of Request: _____ Date Needed* _____
(Request must be submitted 2 weeks prior to this date.)

Member's Name: _____ OUCU Member? **Yes** **No****
Please circle one

Address: _____
(If donation is monetary, please indicate where check should be mailed.)

E-Mail: **(required)** _____

Daytime phone number: **(required)** _____

Name of Group or Organization Requesting Donation/Sponsorship:

Amount or Item Requested: \$ _____

Who should the check be made payable to: _____

Please describe nature of request:

Important Information

***All requests must be submitted in writing 2 weeks prior to date needed.**

**** Request must be signed by an OUCU Financial member in good standing.**

