

DONATION REQUEST FORM

Group or Organization Applying:			
Website:			
Address:			
	City	State	Zip Code
Contact Person:			
Phone:Emails	:		
MEMBERSHIP QU Is this organization a Voyage Member? ☐ Yes ☐ No Are you a member? ☐ Yes ☐ No If not a member, how did you hear about Voyage? ☐ Friend ☐ Billboard ☐ TV ☐ Website ☐ Other:	☐ Event S	ponsorship	□Magazine
ORGANIZATION Q What type of organization are you? (check all that apply) ☐ Nonprofit ☐ Church ☐ School ☐ Youth ☐ Other: ☐ Which community do you primarily associate with?	☐ Individual	☐ Communit	
DONATION REQUEST	OLIESTI	ONIC	
Project Summary (if necessary, attach another sheet along wit			
Project Date(s): Estimated Attendant Donation Request: Advertising Cash/Gift Cards/ Merchandise Other Will Voyage receive any recognition/public relations?			

Please submit all requests to marketing@voyagefcu.org OR mail attention to Community Involvement Committee



