



Donation Request Form

Group or Organization Applying: _____ Today's Date: _____

Website: _____ Business Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ E-mail: _____

Is this organization: National Regional State Local, which city/community: _____

What type of organization are you? (check all that apply)

- Nonprofit Church School Youth Individual Community Civic
- Sports Other _____

Is this organization a Voyage Federal Credit Union Member? Yes No

Are you a Voyage Federal Credit Union Member? Yes No

If you are not a Member of Voyage FCU, how did you hear about us? Friend Newspaper
 Billboard Website TV Radio Other _____

Will Voyage Federal Credit Union receive any recognition/public relations? Yes No

If yes, in what way? _____

Has Voyage FCU given support to this organization in the past? Yes No

If yes, when and what did we donate? _____

Project Summary: (*If necessary attach another sheet along with the submission*) _____

What is the estimated number of people that will be impacted by this project? _____

Project Start Date: _____ Project End Date: _____

Support Requested: (complete all that apply and include a description)

- Advertising Cash/Gift Cards/Merchandise Other _____

For what purpose is the support to be used: _____

Additional Comments: _____

Return all requests to:
 Community Involvement
 c/o Voyage FCU
 3823 S. Kiwanis Circle
 Sioux Falls, SD 57105
 or email form to
 info@voyagefcu.org