

## **REQUEST FOR SPONSORSHIP/DONATION**

Please complete in full for any donation or sponsorship requests \$100 - \$1,000.

Sign and return to Highmark Credit Union. Use reverse side if needed.

Attach posters or other informational documents if available. Email to marketing@highmarkfcu.com.

Date Print Name of F	Person Making Request
Organization Represented	
Mailing Address	
Mailing Address	
PhoneEmail	
Funds Requested \$	Donation (charitable) or Sponsorship (event advertising)
Date funds are needed	Is organization a non-profit?YN
Tax ID Number	Tell us about your event:
Website:	Facebook PageInstagram:
Number of persons benefiting from event Ages	
Is Highmark the only credit union/bar	nk sponsoring? If not, then list all other participating banks/credit
unions:	
What have you done to raise funds or	n your own behalf?
Are you, or is the organization a mem	nber of Highmark?YN
Please tell us how Highmark Credit Union will be recognized (List all print, social, digital, media advertising,	
assets, booth set up, opportunity to volunteer/participate, tickets, etc)	
*******DO NOT COMPLETE BELOW THIS LINE. FOR INTERNAL USE ONLY	
Date Received By (Initials) Committee Review Date	
Committee ActionYesNo	ApprovedYesNo
Amount approved \$	
Funds Disbursed: Date Chec	ck # By (Initials) (Rev 01/06/2023)