

Charitable Donation Request Form

All requests will be evaluated based on the information provided. Incomplete forms will not be considered.

Organization Name: _____

Contact Name: _____

Phone Number: _____ Email: _____

Name of Event: _____

Event Location: _____

Have you received the support of Olean Area FCU in the past? Yes No

If yes, when did you receive support? _____

Support Desired: Monetary Donation of Item Date needed: _____

Amount requested: _____

Description of how these funds will be used to benefit the community? _____

List any marketing opportunities for Olean Area FCU (logo on event materials, advertisements, etc.)

If approved, make check payable to: _____

Mail check to: _____

Are you or your affiliated organization a member of Olean Area FCU? Yes No

Request forms and supporting documents can be mailed or emailed to:

Olean Area Federal Credit Union
Attn: Donation/ Marketing Request
1201 Wayne St., Olean, NY 14760
Email: marketing@oleanfcu.com

Recommending Employee: _____ Date Received: _____

Approve/Denied: _____ Initials: _____ Date: _____