

# Donation/Sponsorship Request Form



KEMBA Financial Credit Union is committed to supporting the communities and individuals in which we serve by empowering people to become financially self-sufficient and improve their overall well-being. We have a long history of giving back to the community and, as a cooperative, continually seek opportunities to partner with organizations that provide such services within in the communities we serve: Delaware, Fairfield, Franklin, Licking, Logan, Madison, and Union Counties. For consideration of KEMBA’s support, please complete the following form and submit at least **6 weeks prior** to the date in which the event/program begins.

**Please email your completed form to [marketing@kemba.org](mailto:marketing@kemba.org), and feel free to reach out with any questions.**

General Information			
Date of Request	Date Request Needed	<input type="checkbox"/> Event <input type="checkbox"/> On-going Program	
Person Making the Request	Name of Group or Organization		
Title	Email	Phone	
Street Address	City	State	Zip
What is your organization’s primary purpose/mission?			
Who does your organization serve?		What community(ies) does your organization support?	
Is your group or organization a 501 © (3) nonprofit? If Yes, please provide TIN:			
Is your group or organization a member or otherwise affiliated with KEMBA Financial Credit Union?		Are any KEMBA Financial Credit Union employees involved with your group or organization? If Yes, please list:	

## Details of Event or Program(s):

What is the purpose of your request/name of event or program?

Location of Event(s)/Programs(s)

Target Audience for Event(s)/Programs(s)

Monetary Amount Requested

Are there other banks/credit unions participating?

Yes

No

*\*Please be sure to include documentation supporting your request such as a proposal, flyer, event program, etc. about the organization or event.*

## Financial Information:

Annual Organization Budget:

Budget for the Event or Program:

Major Source of Funding:

Top 3 Corporate and/or Foundation Donors:

What amount of this project has been secured as of the date of this form?

## Advertising Information:

Will there be any advertisement or publicity featuring KEMBA Financial Credit Union? If Yes, please describe:

## Volunteer Opportunity:

Are there opportunities for volunteers? If Yes, please describe:

## INTERNAL USE ONLY:

Date Received by KEMBA Financial Credit Union

Approved?  Yes

No

Approved by Marketing Department:

Amount:

Date Submitted to Accounting:

Special Instructions: