



DONATION REQUEST FORM

Name: _____

Phone Number: _____ Email: _____

Name of Organization/Event/Nonprofit: _____

Donation Request: _____

Are you a member of Premier Financial Credit Union? Yes _____ No _____

Is your organization a member of Premier Financial Credit Union? Yes _____ No _____

Tax exempt status: Is your organization a 501(c)(3)? Yes _____ No _____

(Please attach copy of determination letter or other proof)

Please describe what this donation will be used for:

How will this donation benefit the community:

Additional information (date of event, when donation is needed by, etc.):

*****I certify the information on the donation request form are complete and correct.**

Signature

Date

Please attach any additional information and return the complete form to info@yourpfcu.com or mail to:

Premier Financial Credit Union • Attn: Marketing • P.O. Box 158 • New Holstein, WI 53061

Internal use: ___ Charitable ___ Community ___ PR Donation: _____ ___ 501(c)(3) _____ Date: _____ Initials: _____/_____

A Total Service Community Credit Union

2017 Main Street • P.O. Box 158 • New Holstein, WI 53061-0158

530 Fremont Street • Kiel, WI 53042 — 50 E. Chestnut Street • Chilton, WI 53014

www.yourpfcu.com • Email: info@yourpfcu.com • Phone 920. 898.4232 • Toll Free 1.877.891.4232 • Fax 920.898.4113