## **Donations Request Form**



- \* Form must be completed and signed by a member of Chemcel Federal Credit Union
- \* Email submission to: hr.marketing@chemcel.org
- \* Include a detailed letter explaining your request.
- \* Requests submitted by the 15th of the month will be considered during the current month. Responses will be sent out by the 28th of each month
- \* Form must be legible. Please print.
- \* Include your organization's IRS 501(c)(3) form if registered.
- \* Requests that benefit the community in general are given top priority.

If you prefer, forms may be mailed to:

Chemcel Federal Credit Union Attn: Donations Request 5740 County Road 4 Bishop, Texas 78343

Member's Name:			
Member's Account # (only for ref	erence):	Date of request:	
Address:			
City, State, Zip:			
Daytime Phone #:			
E-Mail:			
Name of Group, Organization or	Individual requesting	donation:	
Amount requested:	Total Pr	ojected Budget (Est.):	
Date funds needed:			
Describe the nature of the reque	st and how the donati	ion will benefit the community:	
Who will this donation benefit? (	Full legal name of pers	son or organization):	
	will be a set for a set 1.	danation?	
		donation?	
Member's Signature			