



Donation/Sponsorship Request Form (\$500+)

Today's Date _____

Organization _____ Tax ID# _____

Address _____ City _____ ST _____ ZIP _____

Organizations Purpose _____

Number of Members _____ Is Organization a Member of WCCU? ___ Yes ___ No

Officers of the organization are: _____

Name of representative(s) requesting donation: _____

Is the representative a member of WCCU? ___ Yes ___ No

Phone Number _____ Fax Number _____ Email _____

Donation request (please describe here and attach any letter, sample ads, brochures, etc.)

Target amount to raise \$ _____ Purpose of fund-raiser: _____

How many people will this serve/benefit/impact? _____

What will the funds be used for? _____

What percent of yearly gross income raised goes to: Administration _____% State or National Organization _____%

Special Event _____ Date _____

If for an ad, what is the deadline to submit the ad? _____

What sizes are available (include size by inches)? _____

What color ink? _____ Include a copy of publication or WCCU ad from previous year.

Name of WCCU employee(s) who belongs to this organization (if known) _____

Additional Comments: Please attach any additional comments/information to this form. Thank You!

****Please enclose a copy of your financial statements.****

**Please return to any WCCU office
Attn: Kerri A. Theige, Marketing Director**

For Office Use Only	
_____ Approved \$ _____	
_____ Denied	
Comments:	