



# Donation Request Form

Central Missouri Community Credit Union (CMCCU) is a proud supporter of the communities our members live. We receive many requests for donations/sponsorships that benefit our surrounding communities. We appreciate the opportunity to review your request for support from CMCCU. Please fill out the Donation Request Form and send any additional information that you see fit to include to [marketing@cmccreditunion.org](mailto:marketing@cmccreditunion.org) or mail to:

CMCCU  
Attn: Marketing Dept.  
620 N. Maguire St.  
Warrensburg, MO 64093

If you have any questions, please contact us at [marketing@cmccreditunion.org](mailto:marketing@cmccreditunion.org) or call (660) 747-3311.

**Please provide your request at least 15 days in advance of your event. Incomplete forms or forms submitted less than 15 days in advance may not be considered.**

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## Organization Information

Request Date:

Date Request Needed (15 day Min):

Requesting Organization		Website Address	
Mailing Address			
City		State	Zip

Primary Contact	Title	Phone Number	Email Address

Organization's Primary Purpose/Mission:	
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Is the organization a 501(c)3 nonprofit agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Are any CMCCU employees involved with your organization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please list:		
Has CMCCU contributed to the requesting organization in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide details:		

## Request Details

Please describe your request. For an event, please include date, time, location, event purpose or beneficiary. (Brochures or an information packet are encouraged):

Type of Request:	<input type="checkbox"/> Monetary	Amount Requested: \$
	<input type="checkbox"/> Giveaway item(s)	# of items requested:
	<input type="checkbox"/> Volunteers	# of volunteers requested:

CMCCU location closest to where event will take place:	<input type="checkbox"/> Warrensburg
	<input type="checkbox"/> Sedalia
	<input type="checkbox"/> Richmond

Additional information we may need to know:

## Advertising Details

Will CMCCU receive any advertising or media promotion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please describe:		
Logos needed(include format):		
Email address to send logo to:		

**INTERNAL USE ONLY**

Submitted by(if employee):		Date:
Received via:		Date:
Date Reviewed:	Approved?    YES    NO	Date Notified:
Approved Amount/Items/Volunteers:		

Approved by: \_\_\_\_\_

**FINANCE INSTRUCTIONS**

Payee Name & Address		
Amount	GL#	Date check Needed: