## Community Support Request Form



Organization Name:		
Donation Due Date:	Amount Requested:	
Contact Information		
Name:		
Address:		
Phone:	Email:	
Organization's Mission and History (How it benefits the com	nmunity):	
Proof of 501c3 status or non-profit status (may be attached)	):	
Describe any relationship the organization has with LCU:		
How will the donation serve the community?:		
In general, who will be helped by the donation? (do not prov	vide individual names):	
Is there recognition opportunity for LCU? (press release, ad	vertisement, banner, naming rig	hts, other - describe):
In some cases, the organization's budget, finance	ial statement, and sources of oth	ner funding may be requested.
Advertisement and/or banner specifications  Due date:		ad banner
Size of ad: width height or	Size of banner: width	height
Ad use: print web full color	☐ black and white	
File format: pdf jpeg tiff other:		
Contact information (where to send the ad, or if questions a	rise):	
Name: Ema	iii:	Phone:
Request for other items (gifts, giveaways)		
Description of request:	Quantity:	Due date:

## Submit the completed request form to:

Community Support/CC: Rachel Terrell Leominster Credit Union 20 Adams Street Leominster, MA 01453

Or email to <a href="mailto:communitysupport@leominstercu.com">communitysupport@leominstercu.com</a>. Include Community Support Request in the subject line. Additional information regarding details of the request should be submitted along with this document.

