

Sponsorship Application

Please complete the following and return to your credit union branch:

Name of Organization: _____

Address: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Person: _____ Contact Phone #: _____

Rocky Credit Union Member? Yes: ___ No: ___ Account Number: _____

Request Information

Registered charitable tax number: _____

Description of Project: _____

Project time frame/date: _____

Community &/or audience project will involve: _____

Number of persons benefited: _____

Assistance Requested (Please Circle one):

Sponsorship Donation In-kind Donation Partnership Fundraising

Other (Specify): _____

Funds Requested: _____

Please describe how you might get Rocky Credit Union employees involved in your project: _____

List potential benefits to the community and Rocky Credit Union: _____

Describe support received from Rocky Credit Union in the past: _____

Please attach the available documents to the application:

1. Most recent audited financial statement
2. Project proposal with timelines for completion
3. Project or event budget
4. listing of other sources of funding