

CEFCU

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Requested Documents Received	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommendation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Organization Notified	_____	

CEFCU Contribution Request Form

Organization Name

Contact Name

Contact Title

Address

City/State/ZIP

Phone

Email Address

Type of Organization

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Charitable/Welfare | <input type="checkbox"/> Civic/Community | <input type="checkbox"/> Human Health |
| <input type="checkbox"/> Educational/Cultural | <input type="checkbox"/> Character Building | <input type="checkbox"/> Other |

Is your organization 501(c)(3)? Yes No

Please explain why you are conducting this campaign:

Total Goal

Portion of goal already obtained

How will funds be used? Operations Capital Campaign

What other organizations have provided support?

How much has each given?

Are funds being sought from others, such as the United Way, etc.? Yes No

What and how much are you asking CEFCU to contribute?

What is the deadline?

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Event Sponsor | <input type="checkbox"/> Golf Sponsorship | <input type="checkbox"/> Program Ad |
| <input type="checkbox"/> Auction/Raffle Prize | <input type="checkbox"/> Capital Gift | <input type="checkbox"/> Other |

Why should CEFCU contribute? (How will CEFCU members benefit?)

Will CEFCU be recognized? Yes No

How?

What geographic area does your organization serve?

Who and approximately how many will benefit from this project/capital campaign?

For more information, please contact Martha Kamp, CEFCU Community Relations Manager, at P.O. Box 1715, Peoria, IL 61656-1715 or mkamp@cefcu.com.