



Charitable Contribution Request Form Checklist

Please use the *Charitable Contribution Request Form* for all requests for support of organizations and events. Before you make your request, make sure your request meets the criteria set forth on the *Charitable Contributions at DCU* web page. Allow 60 days for a decision and processing.

To speed processing of your request, please follow these steps...

1. Review the *Funding Criteria* and *Advertising Criteria* set forth on the web page to make sure your non-profit organization is eligible for consideration.
2. Prepare your request including the attached form and the following information on your organization's letterhead:
 - Concise statements about the project and the agency including programs, need, management, goals, and a record of accomplishments.
 - Current roster of the agency's board of directors.
 - How the proceeds will be used.
 - Specific amount requested from DCU.
 - If request is greater than \$500, include copy of most recent audited financial statements.
 - List of other major sponsors.
 - Proof of tax-exempt status.
3. Mail your request package and form to:

**Digital Federal Credit Union
Attn: John LaHair
Marketing Department
220 Donald Lynch Boulevard
Marlborough, MA 01752**

What you can expect

- Expect a decision within 30 days of our receipt of your request.
- Expect funding of approved requests within 60 days of our receipt of your request.

Because DCU is a not-for-profit organization and our financial resources are limited, we cannot accommodate all eligible requests we receive. Therefore we must carefully review all appeals and grant support only to those organizations that best meet our community involvement objectives.



Charitable Contribution Request Form

Attn: John LaHair / Marketing Department • 220 Donald Lynch Boulevard • Marlborough, MA 01752 • 800.328.8797

Prior to completing this form, please refer to *DCU's Charitable Contribution Guidelines* on the DCU website at dcu.org to determine if your organization qualifies for consideration.

Contribution Information

Date of Request: _____ Date Funds Needed: _____

Legal Name of Organization: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Name of Contact Person: _____

Title: _____ Phone: _____

Email Address: _____ Fax: _____

Does this organization have a non-profit tax-exempt classification under Section 501(c)(3) of the Internal Revenue Code? YES _____ NO _____ Include proof of status. If requesting \$500 or more, include copy of most recent financial statements.

Date of Event: _____ Amount Requested: \$ _____

Name of Event: _____

Advertising Information

Are you requesting advertising for an event program? YES _____ NO _____

If YES, what are the sizes and costs for ad space? (Ad information may be included on a separate form)

Ad size in inches:	Cost for Ad Space:	B&W	or	Color
____x____	\$ _____	____		____
____x____	\$ _____	____		____
____x____	\$ _____	____		____
____x____	\$ _____	____		____

In what format do you need to receive the ad?

Camera-ready _____ pdf _____ jpg _____ other _____

For files: preferred DPI at publication size: _____ Maximum file size: _____

Email address to send ad file to: _____

Mailing address for camera-ready art or CD-ROM to (if different from above):

Organization: _____ Contact Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

DCU Use Only:	Amount: \$ _____	Date: _____
	Approved: _____	Denied: _____