



Donation/Sponsorship Request Form:

Please review the *Centris Funding Guidelines* document prior to completing this form. One donation request per organization, per calendar year. Minimum 5 week notice is required on all sponsorship/donation requests.

Date of Request _____

Organization Name _____

Contact Name _____

Contact Phone _____ **Email** _____

Contact Address _____

City _____ **State** _____ **Zip** _____

Event Name (if applicable) _____ **Date** _____

Website for Event (if applicable) _____

Has Centris participated/given in the past? Y ☐ N ☐

If yes, please specify the most recent year, dollar amount and/or additional donation items/volunteer service provided by Centris _____

What type of organization is this?

*Please note, if this is for a personal cause, religious organization, individual groups/teams or other organizations that do not impact the area Centris serves, your request will not be considered. *If you are a non-profit, please provide proof of status as such with this request.

☐

Non-profit

☐

School

☐

Youth

☐

Civic

☐

Community

☐

Other:

If other, please specify: _____

Please note the type of support you are requesting:

If Cash/Sponsorship Dollars please fill in below otherwise skip to In-Kind donation questions:

In what amount? \$ _____

*If a sponsorship request, please attach a listing of the various sponsorship levels available with this form.

How will the funding be used?

Who will the funding benefit?

How will Centris benefit from this partnership/sponsorship?

If in-kind donation please fill in below:

What type and what will the items be used for?

What type of recognition will Centris receive with this donation?

Is the organization a member of Centris? Y ☐ N ☐

If yes, please list the branch used most often _____

Are you a member of Centris? Y ☐ N ☐

If yes, please list the branch you use most often _____

Along with this form, please attach any supplemental information that supports this request and mail, email or fax all information to the attention of the **Centris Marketing Department** at marketing@centrisfcu.org.

Fax: (402) 758-6577

Email: marketing@centrisfcu.org

Mail: Centris Federal Credit Union
 Attn: Marketing Department
 13120 Pierce Street
 Omaha, NE 68144

Thank you for submitting your request. If approved, we will notify you no later than 2 weeks after submission. Due to the large number of requests we receive, we ask that you please limit status follow up during the review period.