Community Support Request Form



Partnership • Trust • Community

Organization Name:		
Donation Due Date:	Amount Requested:	
Contact Information		
Name:		
Address:		
Phone:	Email:	
Organization's Mission and History (How it be	enefits the community):	
Proof of 501c3 status or non-profit status (ma	ay be attached):	
Describe any relationship the organization ha	s with All One Credit Union (AOCU):	
How will the donation serve the community?:		
In general, who will be helped by the donation	n? (do not provide individual names):	
Is there recognition opportunity for AOCU? (p	oress release, advertisement, banner, namir	ng rights, other - describe):
In some cases, the organization's	budget, financial statement, and sources of	other funding may be requested.
Advertisement and/or banner specification	ns Due date:	_ ad
Size of ad: width height	or Size of banner: width	height
Ad use: print web	full color	
File format: pdf jpeg tiff	other:	
Contact information (where to send the ad, or	r if questions arise):	
Name:		Phone:
Request for other items (gifts, giveaways)		
Description of request:		Due date:

Submit the completed request form to:

All One Credit Union - Attn: Marketing 20 Adams Street • Leominster, MA 01453

Or email to marketing@all-one.com. Include Community Support Request in the subject line.

Additional information regarding details of the request should be submitted along with this document.