

Event or Sponsorship Request Form

Date of Request_____

School Name			
School Address			
City		_ State	Zip
Teacher or Principal Contact Name			
PhoneEmail _			
Requesting assistance for: (check the appr	opriate box)		
☐ School Event/Classroom Activity	Event Date		_Time
Event Name			
Describe how you would like us to particip	oate in your eve	nt (presentation	n, activity, game, booth, etc.)
☐ Sponsorship		Amount of I	Reguest \$
Describe how the sponsorship funds will b			/¢500 00 mayimum
☐ Door Prize ☐ Silent Auction Item	☐ Other		
Please describe how TRUE Community Creyour event or sponsorship, etc. (signage of media)		•	
Please return this completed request to yo 517-784-6677 Attn: Financial Education D			
Requests will be reviewed and approved or decline Supervisor and/or Director. Approval of request wi applications received, resources available, time available to finance of the request to finance.	ill be based on one ailability of the TRU	or more of the f JE Community C	ollowing: number of redit Union's Financial
For TRUE Community Credit Union Use Only: Date ReceivedRequest	Approved		Amount \$
Declined Reason			
Representative(s) Assigned			
Authorized Signature			