

## Event or Sponsorship Request Form

CREDIT UNION			Date of Request		
School Name					
School Address					
City			State	Zip	
Teacher or Principal Contact Nam	ie				
Phone	_Emai	I			
Requesting assistance for: (check	the ap	opropriate box)			
School Event/Classroom Activ	vity	Event Date		Time	
Event Name					
Describe how you would like us to	o parti	cipate in your ev	/ent (presentatio	on, activity, game,	booth, etc.)
Sponsorship			Amount of		
Describe how the sponsorship fur					
		em 🗖 Oth			
Please describe how TRUE Comm your event or sponsorship, etc. (s media)	•		0		
Please return this completed requests will be reviewed and approved Supervisor and/or Director. Approval of applications received, resources availabl Education team, relevance of the request	577 <b>At</b> l or dec request le, time	tn: Financial Edu lined by the TRUE C t will be based on o availability of the T	community Credit ne or more of the RUE Community	ment or email Union's Financial following: numbe Credit Union's Fin	Education er of ancial
For TRUE Community Credit Union U Date Received				Amount \$	
Declined Reason				/\	
Representative(s) Assigned					
Authorized Signature					