



Educate. Partner. Serve.

# Donation Request Form

25525 Katy Mills Parkway  
Katy, TX 77494  
Main 281-391-2149  
281-391-3027  
donations@bvscu.org

After completing this application, please return it to BVSCU. Any information regarding your organization, event or program may be included.

## CONTACT INFO

Organization/Group Name: \_\_\_\_\_

Representative's Name and Title: \_\_\_\_\_

Organization Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

501(C)3:  Yes  No

## REQUEST INFO

State your request: (Ex: Financial Literacy Presentation, Career Day, Teacher Appreciation...)

What recognition will BVSCU receive for donating to your event? \_\_\_\_\_

Will you post on social media post tagging BVSCU for its contribution?  Yes  No

## EVENT INFO (If applicable)

Program/Event: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Location: \_\_\_\_\_

Event Description: \_\_\_\_\_

How many people are expected to attend your event? \_\_\_\_\_

Will BVSCU have an opportunity to set up a table at your event? \_\_\_\_\_ Set up Time: \_\_\_\_\_ Event Time: \_\_\_\_\_

Will BVSCU have an opportunity to advertise at your event? \_\_\_\_\_

## FOR OFFICE USE ONLY:

School District: \_\_\_\_\_

GL#: \_\_\_\_\_

BVSCU Employee: \_\_\_\_\_

Delivery Method: \_\_\_\_\_

Date: \_\_\_\_\_

Gift Card Number: \_\_\_\_\_

Check Number: \_\_\_\_\_

Approved by: \_\_\_\_\_

Items Approved: \_\_\_\_\_

## RECIPIENT INFO

 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes/Results: