



Educate. Partner. Serve.

Donation Request Form

25525 Katy Mills Parkway
Katy, Texas 77494
Phone: 281.391.2149
Fax: 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: _____
Representative's Title: _____
Federal Tax I.D. Number: _____
Organization Address: _____
City/State/Zip Code: _____
Phone: _____
Fax: _____
Email: _____

REQUEST INFO

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

What recognition will BVSCU receive for donating to your event? _____

EVENT INFO (If applicable)

Program/Event: _____ Event Location: _____
Event Date: _____
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? _____
If yes, what format do you need the advertisement? (PDF, JPG, ETC.) _____
Is the ad full color or black and white? _____ Artwork should be sent to: _____

FOR OFFICE USE ONLY:

School District: _____ Date: _____
GL#: _____ Check Number: _____
MDR Name: _____ Approved by: _____
Delivery Method: _____ Items Approved: _____

Received by: _____ Date Delivered: _____

Notes/Results:

