



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? \_\_\_\_\_

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

## 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:

