



25525 Katy Mills Parkway
Katy, Texas 77494
Phone: 281.391.2149
Toll-Free: 855.391.2149
Fax: 281.391.8158
info@bvscu.org

Donation Request Form

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: _____
Organization Address: _____
City/State/Zip Code: _____
Phone: _____
Fax: _____
Email: _____

REQUEST INFO

State your request: (If cash, please state the amount) _____
If the request is for funding, please answer the following questions:
In what form would you prefer the donation: (Cashier's Check, Gift Card, Other) _____
If you've selected Cashier's Check, to whom would it be made payable to? _____
What date do you need the check by? _____
What recognition will BVSCU receive for donating to your event? _____

EVENT INFO (If applicable)

Program/Event: _____
Event date and brief description: _____
How many people are expected to attend your event? _____
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:

Action Taken: _____ Date: _____
GL#: _____ Check Number: _____
School District: _____ Approved by: _____
Prepared by: _____ Delivery Method: _____
Received by: _____ Date Delivered: _____

Results:

Federally Insured by NCUA • www.bvscu.org

