



Community Donation Application

Date of Request: _____ Date Donation Needed: _____

Tax ID# _____

Organization's Name _____

Contact Name: _____ Phone # _____

Mailing Address: _____

City _____ State _____ Zip _____

Are you an OCCU Member? Yes No

How will OCCU be recognized? _____

Donation amount requesting: _____

Donation item(s) requesting: _____

Do you require an electronic OCCU logo? _____

How will the donation be used? _____

Other: _____

Please email this form along with any other supporting information to marketing@ourcu.com or mail to:

Attention: Marketing, OCCU, PO Box 1670, Shelton, WA 98584