

BPCU - Corporate Sponsorship Application for Contribution

For donation request to be considered this form must be completed in full at least one week prior to funding date. Please send completed form to: **Bear Paw Credit Union, Marketing Department, P.O Box 471, Havre, MT 59501.**

Group/Organization: _____

Date of Request: _____ Funding Date Needed By: _____

Contact Person: _____ Phone: _____

Address: _____

Check made PAYABLE to: _____

1. What is the purpose of your organization? _____

2. Primary use of contribution from BPCU will be? _____

3. Suggested or requested funding amount \$ _____ Or total items needed? _____
(Requests over \$100.00 **MUST** be approved by the Board of Directors.)

4. Additional information or comments: _____

