

Donation and Sponsorship Request Form

Thank you for your request! We are excited to assist in the community's next adventures. Please note that we do prioritize members in our yearly giving. Fill out the <u>entire</u> form below and send to marketing@ontapcu.org. The forms will be evaluated in the order that they are received. You will be contacted if more details are needed. Cheers!

Date:		Full Name:		
Are you a:	Member	SEG / Busine	ess Partner	Community
Name of org	anization for dona	ation and/or sp	onsorship:	
Contact Pers	son:			
Mailing Add	'ess:			
City:	State:		Zip:	
Tax Status:	Non-profit	Business	Gov., Ta	x ID #
Type of Event:		Date of Event:		ent:
	request must be re oved by On Tap's		• •	event. Large donations
Specific type	e of request:			
Amount requested: Merchandise (Type):				
Describe oth	er details about t	he event:		

On Tap Credit Union Mission

We are passionate about crafting banking solutions for members. We connect with our members, local businesses and neighbors to provide the best financial guidance in our communities, and we work to make a positive impact in helping dreams come true.

MEMBER OWNED AND COLORADO PROUD!