



DONATION REQUEST

Name of Organization: _____

Purpose of Request: (Attach any additional information)

Benefit(s) for the credit union: (Advertising opportunity, sponsorships, etc.)

Amount Requested: _____ Date Needed: _____

Check payable to: _____
(Checks will be only be made payable to an organization.)

Contact Name: _____

Email Address: _____

Phone Number: _____

Check: _____ Pick-up or _____ Mail Mailing Address: _____

Submit Requests to:

Krissy Ecklund, Director of Operations

My Healthcare Federal Credit Union

4720 NW 39th Ave

Gainesville, FL 32606

Kecklund@myhfcu.org – If emailed, subject line should read "Donation Request"