



DONATION REQUEST

Name of Organization: _____

Purpose of Request: (Attach any additional information)

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 Rochelle: VP, Operations
My Healthcare Federal Credit Union
4730 NW 39th Ave
Gainesville, FL 32606

krochelle@myhcfcu.org – If emailing request, please write **Donation Request** in the subject line.