



Contribution Request Form

2575 Vista Del Mar Dr., #100 • Ventura, CA 93001
805.477.4000 • 800.339.0496 • vccuonline.net

Organization name

Federal Tax ID

Year incorporated

Mailing address

City

State

Zip

Telephone number

Website

Contact name

Title/position

Contact telephone

email

IRS classification

501(c)3

Not a private foundation

Other (please specify

Event or program

Event date

Amount requested

Date funds needed

Are you affiliated with VCCU (member, employee, SEG)

Yes

No

Briefly describe your organization's mission and objectives

Describe the geographic region served by your organization

Describe the group or program that will benefit from VCCU's support

How did you hear about VCCU's contribution request process

Have you requested funds from VCCU previously

Yes

No

If yes, when and what were the outcomes

Please explain how VCCU's support will be recognized or acknowledged

Submissions are reviewed on a monthly basis. Organizations are encouraged to submit their request at least 45 days in advance.

Please print and return the completed form and all supporting materials to: Ventura County Credit Union; Attention: Community Development, 2575 Vista Del Mar Drive, Suite 100, Ventura, CA 93001 | Fax: 805.339.4226 | email: CommunityDevelopment@vccuonline.net