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**Request for Contribution**

Central One Federal Credit Union is committed to supporting and strengthening the communities of Central Massachusetts.

Please complete the following form and submit it with any supporting documentation.

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request \_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*\*Please answer the questions below. Use a separate sheet of paper if needed.*

1. Are you or is someone in your immediate family a Central One member?   
   **If so, who?**
2. What amount is being requested?
3. What will the contribution be used for?
4. How will Central One be recognized?
5. What are your deadlines?

Please email the completed form to **member\_support@centralfcu.com**   
or bring it to your local Central One branch.