

## SPONSORSHIP GUIDELINES

On behalf of our members, Coast Central Credit Union is committed to assisting a variety of community groups and organizations in their efforts to improve the quality of life in Humboldt, Del Norte, and Trinity Counties. **Due to processing time**, sponsorship requests should be submitted three weeks prior to the date the funds are needed in hand.

Applications may only be submitted by:

- Not-for-profit organizations that demonstrate community support and impact or
- Public benefit organizations (public schools, government agencies, Indian Tribal Governments) or
- Community groups that have a fiscal sponsor that meets one of the above.

We may not accept applications from:

- Organizations that are political, highly controversial or religious in nature
- Projects for deferred maintenance, annual operating costs, or staff salaries
- Those not located in Humboldt, Del Norte, or Trinity County

We encourage acknowledgment of the credit union's contributions i.e.: placement of the credit union logo or name on promotional materials or event signs, programs, etc.

If a logo is needed for your event please contact marketing@coastccu.org for an electronic file.

Questions? Contact our Marketing Department by emailing marketing@coastccu.org.



## SPONSORSHIP APPLICATION

Thank you for considering Coast Central Credit Union as a sponsor for your organization.

\*Please complete the entire application and send to the following:

## Marketing Department, Coast Central Credit Union, 2650 Harrison Ave. Eureka, CA 95501 Or marketing@coastccu.org

| Organization Name:   |         |                           |         |        |          |
|--|---------|---------------------------|---------|--------|----------|
| Mailing Address:   |         | City                      | St      | ate    | Zip      |
| Organization Tax ID:                                       |         |                           |         |        |          |
| Organization Type: Non-profit 501c3                        |         | Non-profit NOT 501c3      |         | Not ta | x-exempt |
| Event/Project Name:  |         |                           |         |        |          |
| Event Date:  |         |                           |         |        |          |
| Contact Name:  |         |                           |         |        |          |
| Contact Phone:   |         |                           |         |        |          |
| Contact Email:   |         |                           |         |        |          |
| Amount Domostol. \$  |         | Needed:                   |         |        |          |
| Check payable to:  |         |                           |         |        |          |
| Donation Item Requested:                                   | _ D     | ate Needed:               |         |        |          |
| Would you like to: □ pick up the check/don                 | nation  | in person, or □ have it n | nailed/ | delive | red?     |
| Please describe the event/project and how                  | v the s | sponsorship will be used  | l:      |        |          |
| Please explain how your project/event wil                  | ll ben  | efit our community:       |         |        |          |
| Please attach possible sponsorship levels a project/event. | and a   | ny additional informatio  | on reg  | arding | g the    |