

Sponsorship Request Form

Please email this completed form to: marketing@ourcuonline.org	
	Date:
Contact Information	
Organization Name:	
Contact Person:	
Address:	
City, State, Zip	
Phone:	Email:
Sponsorship Information	
Event Date(s), Location & Hours:	
Event Description:	
Expected Attendance:	
Sponsorship Opportunity (Please describe in detail))
Dollar Amount requested:	
Death Crease Dravidad	
Booth Space Provided:	
Required OUR Credit Union Staffing:	

Venue Signage Opportunities	(Availability to display OUR	Credit Union Signs & Banners)
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Naming Opportunities (i.e. The OUR Credit Union Summer Festival)
Additional Information or comments
Benefits to OUR Credit Union

Marketing Approval

Name & Date

Management Approval

Name & Date