



Community Outreach Application

I. Organization Information

Organization Name: _____

Address: _____

Phone: _____ Email: _____

Contact Person & Title: _____

Mission Statement: _____

List any ways TVFCU has supported your organization in the past and specify date(s): _____

Describe how your request fits with TVFCU's Community Focus: _____

II. Sponsorship Information

Sponsorship (attach levels) _____ Door prize _____ Other _____

Event the sponsorship will be supporting: _____

Date of event: _____ Location of event: _____

Estimated attendance: _____ Date needed: _____

List Communities/Counties that will benefit: _____

III. Publicity / Promotion

Describe Promotion/Media involvement surrounding the event & ways TVFCU would be included: _____

List other Organizations Involved: _____

IV. Authorization

I verify that the above information is correct. Should the request be approved, the contribution will be used as stated.

Signature: _____ Date: _____

V. Internal Use

Date request reviewed: _____ Decision: _____ Comments: _____

- All requests must be submitted using this form. Include any applicable information you would like to be considered.
- Please allow 30 days for TVFCU to review your request by submitting it at least 30 days prior to event date.
- Submit application to sarah.sherfey@tvfcu.com or mail to: TVFCU, Marketing/Community, P.O. Box 23967, Chattanooga, TN 37422.