



## COMMUNITY INVOLVEMENT APPLICATION FORM

### CONTACT INFORMATION:

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

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### ORGANIZATION INFORMATION:

Are you currently a member of Auto Workers Community Credit Union? YES \_\_\_\_ NO \_\_\_\_

Has AWCCU provided funding to your organization in the past? YES \_\_\_\_ NO \_\_\_\_

If YES, when and what for? \_\_\_\_\_

Are you requesting funds for a specific event? YES \_\_\_\_ NO \_\_\_\_

If YES, please specify: \_\_\_\_\_

What geographic area does your organization/event take place in? \_\_\_\_\_

Does a Auto Workers Community Credit Union employee/Board member work with your organization as an employee, volunteer or fundraiser? YES  NO

If YES, please give the name(s) and a brief outline of the capacity the employee filled.

### TYPE OF REQUEST:

What type of assistance are you requesting?

Sponsorship

Donation

Partnership

Fundraising

Other (please specify)

Funds requested from AWCCU: \_\_\_\_\_

Other types of assistance requested: \_\_\_\_\_

**Only those applications completed in full will be considered for appropriate giving.**

**NOTE:** All applications will be reviewed and an answer will be provided within two weeks of submission.

Please submit applications via one of the following:

**Mail** - Auto Workers Community Credit Union  
Att: David Bobnar  
322 King Street West,  
P.O. Box 158  
Oshawa, ONT, L1H 7L1

**Email** - [dbobnar@awccu.com](mailto:dbobnar@awccu.com)

**Fax** - 905-728-5444