



Send completed form to:
Sponsorship Committee
2847 Campus Parkway
Riverside, CA 92507
Fax: 951-571-5873
sponsorship@alturacu.com

APPLICATION FOR SPONSORSHIP or GIFT

Thank you for applying for a sponsorship or gift from Altura Credit Union. Please complete the following information for application. All applications must be **completed** in order to be reviewed. Please do not leave any space blank, if a question does not apply to your organization, please list as "not applicable". **Please note the W-9 Form must be completed to be considered.**

Altura Credit Union requires a completed application, a minimum of **30 days prior** to decision of notification. Applications are collected by the 1st and 2nd Thursdays of every month to be reviewed by committee for approval or denial on the 2nd and 4th Thursdays of every month. A decision is communicated through mail, email, or phone call no later than one week after the committee reviews applications. Altura reserves the right to approve or deny any request and change committee review meeting dates.

Today's Date _____

ORGANIZATION INFORMATION:

Name of Organization _____

Address _____ City, State, Zip _____

Contact Person _____

Email Address _____ Direct Phone (____) _____

Does your organization, Board or Management have an account with Altura? ___yes ___no

If yes, what is the member's name(s)? _____

By what date do you need to know a decision about this application? *Please note, Altura requires 30 days completed application submission prior to decision notification.* _____

Has Altura Credit Union sponsored your organization in the past? ___yes ___no / When? _____

EVENT and/or GROUP INFORMATION:

Event Date _____
Time _____
Location _____

What is the name of the event or group name in which the requested sponsorship gift will be contributed towards?

What type of audience will attend this event or are members of this group? (i.e. Kids, Teachers, Health Professionals, General Community, Business Professionals, etc.)

What city(s) will this sponsorship gift benefit? _____

What is the objective or purpose of this event or group? _____

What amount of money or sponsorship level are you requesting? _____

AND / OR

What supplies, prizes, gifts, or in-kind are you requesting? Please list.

Does the event offer Altura Credit Union exclusivity as the sole sponsoring financial institution? ____yes ____no

Will Altura have an opportunity to speak to the event or group audience? ____yes ____no
If yes, at which sponsorship level?

Will Altura have an opportunity to have a booth at the event or group meeting? ____yes ____no
If yes, at which sponsorship level?

If awarded sponsorship monies, please indicate payment method below. Altura Credit Union prefers credit card payment. Circle one:

Credit Card

Check

Payable to: _____

Address: _____

Would your organization be interested in the following from Altura Credit Union?

- Financial Workshops at your organization
- Financial Workshops at an Altura location
- Financial Literacy within your classroom
- An Altura employee becoming a member of your group
- A visit or meeting from an Altura employee to speak to your staff about Altura products and services?

If yes, please list contact information for coordination:

OFFICE USE ONLY:

Referred by: _____