



DONATION REQUEST FORM

Improve More Lives.

Contribution Guidelines

STATEMENT OF PURPOSE

Azura Credit Union is committed to Northeast Kansans by delivering innovative financial service, education and value through personal and community engagement. At Azura, our vision is to improve more lives and we do this by supporting non-profit groups and activities. We encourage Azura Credit Union employees to become actively involved in their communities.

Azura Credit Union is proud to be a community partner and supporter by helping fund local charitable organizations, projects and events. To help ease the process of applying, we have provided this form for all donation requests exceeding \$250, to be submitted electronically. For all other donation requests, please complete this form and visit your local Azura Credit Union branch. We appreciate your assistance in submitting requests well in advance of your funding date so your request can be adequately reviewed and considered. Ideally, requests for donations will be submitted at least two months prior to the date funding is requested.

Qualifications

Azura Credit Union has developed a set of guidelines to help evaluate request for support and contributions. Requests will be considered from Kansas based non-profit organizations in four general categories:

- Education
- Quality of life and fundamental needs
- Health and wellness
- Community revitalization

Eligible organizations must be non-profit and designated as tax-exempt under Section 501 (c)(3) of the Internal Revenue Code if seeking a donation over \$250.

Requests for support will not be considered from:

- Individuals
- Religious or political groups
- Groups based outside Kansas

Additionally, funds will not be contributed toward travel expenses for any individual or group, or toward any expense for an event being held outside of Kansas or Missouri.

HOW TO APPLY

Organizations applying for a donation should submit a completed *Donation Request Application* along with a copy of the organizations current expense statement and budget, list of Board of Directors and most current Annual Report. The *Donation Request Application* may be obtained at any local branch, downloaded from Azura Credit Union's website (www.azuracu.com).

When completing the Donation Request Application form, make certain the following is clearly identified:

- Description of the organization, including its history, purpose and proposed project;
- A statement of need and a description of the methods chosen to meet its goal;
- The time expected to complete this project as well as any major milestones;
- The total cost of the project, other sources and levels of funding, and the amount and/or items being requested;
- A statement demonstrating broad community support for and involvement in the project and the organization.

WHEN TO APPLY

Contribution requests are reviewed monthly. Each organization submitting a contribution request will be notified in writing following the allocations.

DONATIONS COMMITTEE

The Committee meets monthly to evaluate contribution requests. Members of the committee are officers representing different business areas of the credit union.



DONATION REQUEST APPLICATION

ATTN: Business Development Department
1129 S. Kansas Ave.
Topeka, KS 66612
Email to:CommunityImpact@AzuraCU.com

Note: This is an editable form. Please click on the fields below to complete them.

Name of Organization: _____ 501(c)(3) _____
Executive Director (name and phone): _____
Physical Address: _____
Email: _____ Mailing Address: _____
Contact person and phone for this request: _____
Submission Date of Request: _____ Date donation is needed: _____

PLEASE RETURN THIS COMPLETED REQUEST ELECTRONICALLY OR SUBMIT TO THE ADDRESS ABOVE

Mission statement and purpose of your organization: _____

Describe how and when the funds (or items) will be used: _____

Which community or neighborhood in NE Kansas will benefit from this donation? _____

Of the four community impact categories Azura supports what best fits the request:

- Education
- Quality of life and fundamental needs
- Health and wellness
- Community revitalization

What are the demographics of your target market? _____

Has Azura donated to your organization in the past? Yes No
If yes, please explain _____

Event Name: _____ Event Date: _____
Event Location: _____ Start/End Time: _____
Amount requested: _____ Number of persons impacted: _____

If Azura supports your project, how will you measure its effectiveness and follow up with us regarding results?

Are there volunteer opportunities within your organization? Yes No

Supporting documents should be sent via email to CommunityImpact@AzuraCU.com through attachments, or provided in person.

Branch Manager Initials: _____

Amount Approved: _____