



strength in numbers.

25525 Katy Mills Parkway
P.O. Box 676
Katy, Texas 77492
281.391.2149 phone
281.391.8158 fax
www.bvscu.org

After completing this application, please return it to Brazos Valley Schools Credit Union. Any information regarding your organization, event or program may be included.

Organizational Information

Organization/group name: _____
Contact Name: _____ Contact Title: _____
Federal Tax I.D. Number: _____
Organization address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____

Program/Event Information

Program/event: _____ Event Date: _____
Will BVSCU have an opportunity to advertise at your program/event? _____
If yes, please answer the questions below:
What format do you prefer the material in (pdf, jpg, etc)? _____
Would prefer full color or black and white? _____
Where would you like the artwork submitted? _____
How many people are expected at your event? _____
Please describe the nature and purpose of your program/event:

Request Information:

What would you like BVSCU to donate? (if cash, please state the amount)? _____
If the request is for funding, please answer the following questions:
In what form would you like the donation (check, MasterCard® Gift Cards, other)? _____
If your preference is a check, to whom would you like it made payable? _____
When do you need the check by? _____

What recognition will BVSCU receive for donating? _____

For Office Use Only:

Action taken: _____	Date: _____
GL #: _____	Check Number: _____
School District: _____	Approved by: _____
Prepared by: _____	Delivery Method: _____
Received by: _____	Date: _____

Results: