

## \*\* Internal Use \*\* Date Recv.: Ref. #: **Community Support Request Form**

Date Approved\_

Organization/Entity Requesting Support: _	
Address: _	
City/State/Zip: _	
Phone: Email: _	Web Site:
Tax ID# (if applicable):	Tax status: 501(c)(3) Other
Name/Title of Person Requesting Funds: _	
(Address same as above □) Address: _	
City/State/Zip: _	
Phone: Email: _	
Description of Request:  (Please attach any supporting information: cover letter, brochures, etc.)	rtland  Westbrook  Windham  Naples Other:
Amount Requested: \$	Date Funds Needed By:
Associated Event Date(s), if any:	Advertising Deadline:
Please remit completed fo	se specify the exact requirements (b/w or color, file format, dimensions, recipient):  orm to: Evergreen Credit Union, PO Box 1038, Portland, Maine 04104;
	bner, Community Committee Chairman, at <a href="mailto:cscribner@egcu.org">cscribner@egcu.org</a> .  eview of your request. Incomplete forms may delay approval decisions.
	Then of Jour request. Incomplete forms may delay approval decisions.
** Internal Use **	

Denied Amount Approved: \$ \_

Approved