



## Credit Union Fundraising Request Form

\*\*\*Only Saint Alphonse Regional Medical Center charities will be considered.

Request Submitted by \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_

Name of Project or Charity \_\_\_\_\_

Purpose of Project or Charity \_\_\_\_\_

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Please describe how the funds raised by the Credit Union would benefit your Project or Charity \_\_\_\_\_

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Please print this form , complete and drop off or fax to the Credit Union 367-3167 prior to December 31, 2009 or call the Credit Union at 367-2224 for more information.