

**Altana Federal Credit Union  
Community Commitment Program Application**

Date: \_\_\_\_\_ Response Deadline: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Affiliation with Altana:

- Member
- Related to Member \_\_\_\_\_
- Other \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of donation:

- Monetary
- Involvement/Event
- Sponsorship
- Other \_\_\_\_\_

Will Altana receive public recognition?

- Yes Describe: \_\_\_\_\_
- No

Describe your request in detail (include names, dates, times, and other important information regarding your request)


**\*Please submit completed application to any Altana Federal Credit Union location\***