



**DONATION REQUEST**

Date : \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Purpose of Donation: \_\_\_\_\_

Name of Group or Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Person Making the Request: \_\_\_\_\_

Are you a current member of TVA Community Credit Union?    Y / N

Signature: \_\_\_\_\_

Please return form to: Sammy Clements  
Executive Vice President  
TVA Community Credit Union  
1405 South Wilson Dam Road  
Muscle Shoals, AL 35661