



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