

SPONSORSHIP FORM

WITH THE LOUGH CREDIT UNION



Club /Charity Name :

Date of Request :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reason for Sponsorship Request :

This is to be completed by person requesting the sponsorship or the staff member that spoke with the person. If request is made by club/charity in person supporting documentation should be provided.

Funding :

Please also outline how the funds are to be issued. If it's by EFT confirmation of account details are required. If it's by cheque confirmation of the account name is required.

Phone :

Email :

Requested by & Position :

Signed : _____ **Date :** _____

THANK YOU FOR YOUR APPLICATION



For more Information please contact us
021 4963384 | www.loughcu.ie | staff@loughcu.ie