



Serve & Deserve Contributions Program Application

Name of High School: _____

Extracurricular Program: _____

Address: _____

County: _____

Name of Fundraising Event: _____

Event Description: _____

Event Date: _____

School Sanctioned? Yes | No _____

Financial Goal: _____

Is this an Annual Event? Yes | No _____

Last Year's Total Raised: _____

Program Contact: _____

Contact Number: _____

Contact E-mail: _____

Benefiting Charity: (if Children's Health Care of Atlanta-designate clinical area) _____

Amount to be Donated: _____

Questions? _____

Please fill out and e-mail to BusinessDevelopment@DeltaCommunityCU.com or, for additional information, please call Business Development at 404-677-4169.



Serve & Deserve Contributions Program
Post Event Information Report

Name of High School: _____

Extracurricular Program: _____

County: _____

Name of Fundraising Event: _____

Event Date Range: _____

of Volunteers: _____ Adult or Student? _____

Sales Figures or Goals Met? _____ Yes | No _____

Financial Goal: _____ \$ _____

Total Funds Raised: _____ \$ _____

Key Event Highlights: _____ 1) _____

_____ 2) _____

_____ 3) _____

Address to Mail Check to: _____ Attn: _____

Make Check out to: _____

Program's EIN / Fed Tax ID# _____

Funds Donated to Charity: _____ \$ _____

Benefiting Charity: _____

Name of Contact at Charity: _____

Delta Community Max: _____ \$5,000 Children's Healthcare of Atlanta / \$2,500 other _____

Contact Phone Number: _____

Contact E-mail:

Spokesperson Phone
Number:

Spokesperson E-mail:

Please fill out and e-mail to BusinessDevelopment@DeltaCommunityCU.com or, for additional information, please call Business Development at 404-677-4169.