

3692 Coolidge Court Tallahassee, FL 32311 **Donation Form**

Donation Form (select one): Credit Union/Compan Individual – Personal I	y/Organization		
YES! I am interested in supporting the Credit Union Impact Foundation. Please use our contribution in the following way(s):			
General Donation Your support fuels our mission to e communities with strength and co	nembers and \$		
Disaster Relief Fund			
		Amo	ount Enclosed \$
Name:			
Credit Union/Company/Orga	nization:		
Address:			
City:	State:	Zip:	Chapter:
Payment Options:			
ACH to The Foundation ABA#: 242272227 Account: 830648731 (for ACH payment, please email completed form to <u>cuif@the-league.coop</u> .			
Check (see mailing address below)			
Thank you for your continued support!			
Mail check payments to: Credit Union Impact Foundation ATTN: Accounting		For questions or additional information: Please email <u>CUIF@the-league.coop</u> or call 866-231-0545 ext. 2128.	