



COMMUNITY DONATION FORM

SIEP I MY INF	ORMATION (Plea	ase print.)			
Member	Vendor	Other			
LAST NAME		FIRST NAME (LEGAL)	MID	MIDDLE INITIAL	
HOME ADDRESS		CITY	STATE	ZIP CODE	
MAIL ADDRESS		PHONE NUMBER	COMPANY N	COMPANY NAME (IF APPLICABLE)	
STEP 2 MY CO	NTRIBUTION (AII	donations are tax deductible.)			
Donations may be	made online at fou	ndersfcu.com/employeeFund (or through the below or	otions:	
Cash	Chec	ck (Make payable to the Founc	lers Employee Fund)		
One-Time Funds Transfer from Account		ount:	Suffix:	Suffix:	
I WANT TO CON	TRIBUTE THE FOLL	OWING:			
MY RECOGNITIC May we use your n Founders Employee	DN: name (not amount) of e Fund in future pub	SILVER - \$750+ ANNUA as a contributor to the lications and materials? contributions in recognition of individu	☐ Yes ☐	,000+ ANNUALLY No ation below.)	
	,				
<u> </u>	•	ree (or a representative) of youn n listed below of my gift:	ur gift?		
LAST NAME		FIRST NAME			
HOME ADDRES	SS	CITY	STATE	ZIP CODE	
STEP 4 MY SIG	ATURE		* If making a funds tra	ınsfer, your signature	
SIGNATURE*		DATE	authorizes Founders Federal Credit Union to initiate a one-time funds transfer withdraw in the amount indicated on this form.		

STEP 5 MY RETURN

SEND COMPLETED FORM TO: Founders Federal Credit Union; Attn: Human Resources/Founders Employee Fund 737 Plantation Road, Lancaster, SC 29720