



Health Services Staffs
Credit Union

Date of Sponsorship Application:

____ / ____ / 202

(Please note that at least 8 weeks lead time is required for sponsorship applications.)

Individual Applicant Details

Applicant Name: _____

Applicant's Health Services Staffs Credit Union Member Number: _____

Contact Telephone Number of Applicant: _____

Email Address of Applicant: _____

Charity Details

Name of Nominated Organisation/Charity to Appear on Cheque:

Charity's Registered Number:

Background/Beneficiaries of the Charity/Type of Work Carried Out by Charity:

Mailing Address for Donation:

PLEASE NOTE THAT FUNDS WILL BE TRANSFERRED DIRECTLY TO THE CHARITY'S BANK/CREDIT UNION ACCOUNT.

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Lo Call 1890 677 864 or (01) 677 8648 Branches listed on www.hsscu.ie



Event/Project Details

Name of Event/Project:

Details of the Event/Project (location/product details etc.).

Date of Event:

Funding

Where Does this Charity/Organisation Receive Funding From (donations/government funding etc.)?

Please Provide **TOTAL COST** of Event/Project:

Please circle if you are requiring full or partial funding: **FULL FUNDING / PARTIAL FUNDING**

If you are seeking **full funding** please put below:

Full Funding of €_____

Or, if you are seeking **partial funding** please put below:

Partial Funding of €_____ If partial funding, where else will you acquire funding for this event/project?

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How Do You Intend to Spend HSSCU's Donation?

Past Donations by HSSCU

Has HSSCU Sponsored this Charity Previously? YES / NO (PLEASE CIRCLE)

If yes, please state what year you received a donation and details of application:

Benefits to HSSCU

How Would HSSCU's Sponsorship be Acknowledged?

RETURN TO: Membership, Education & Development Committee,
Health Services Staffs Credit Union, 5 High St., Christchurch, Dublin 8



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