



APPLICATION FOR USE OF RIVERFRONT FEDERAL CREDIT UNION'S VISA TIP TAP TO GIVE DEVICES

(For Fundraising Events or Campaigns)

INSTRUCTIONS

Please complete this application in full. Incomplete applications may not be considered. Submission of this application does not guarantee approval. Riverfront Federal Credit Union (Riverfront) reserves the right to approve or deny any application based on alignment with its mission, values or availability.

1. ORGANIZATION INFORMATION

Organization Name: _____
Organization Type (Charity, Non-profit, etc.): _____
Organization's Mission Statement: _____
Charitable Registration Number (if applicable): _____
Mailing Address: _____
Website: _____
Contact Person Name: _____
Position/Title: _____
Phone Number: _____
Email Address: _____

2. EVENT OR CAMPAIGN DETAILS

Name of Event or Campaign: _____
Type of Event (e.g., Gala, Community Walk, Awareness Campaign, etc.): _____
Proposed Date(s) of Use: _____
Event/Campaign Location(s): _____
Expected Attendance (if applicable): _____

3. DESCRIPTION & PURPOSE

Detailed Description of the Event or Campaign (Include format, activities, and any special features):

Fundraising Goal Amount: _____
Campaign Objectives: _____
Who Will Benefit from this Fundraiser (Benefactors) and please describe how funds will be used and who or what programs will benefit:

4. DEVICE USAGE DETAILS

Devices Requested:
 \$5: How many do you request? one two three four five
 \$10: How many do you request? one two
 \$20: How many do you request? one two
 Not Sure
Riverfront staff will train your staff how to use the devices. Is your staff available to visit our 2609 Keiser Blvd., Wyomissing, PA location during weekday business hours to be trained on the devices?
 Yes
 No
 We previously used devices and do not need training.

5. ADDITIONAL INFORMATION

How Will the Event Be Promoted?
 Social Media
 Website
 Radio/TV
 Flyers/Posters
 Other: _____
Have You Used Visa Tip Tap to Give Devices Before?
 Yes (If Yes, please provide details:) _____
 No

6. DECLARATION

I, the undersigned, hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that this application is subject to review, and approval is not guaranteed. I acknowledge that Riverfront reserves the right to deny any request that does not align with its mission, values or availability.

Printed Name: _____
Signature: _____
Date: _____

7. SUBMISSION INSTRUCTIONS

Please email this completed application to CardServices@riverfrontfcu.org. You may also mail the application to:
Card Services, Riverfront Federal Credit Union, 2609 Keiser Blvd., Wyomissing, PA 19610.