



Date:

Credit Union Name:

Credit Union Mailing Address:

Contact Name:

Phone Number:

Date Funds Needed:

Name of Hunger Organization: Address:   Amount Requested:
Name of Hunger Organization: Address:   Amount Requested:
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Name of Hunger Organization: Address:   Amount Requested:

Total Amount Requested:

In an effort to get the funds distributed to those in need as soon as possible, please request funds by June 30, 2019, if it is feasible. Please allow at least one week for check requests to be processed and distributed. Checks are cut weekly on Thursday or Friday.

**Please email to: [endinghunger@mainecul.org](mailto:endinghunger@mainecul.org)  
Or fax to: (207) 773-0957**