Donation Form



Donation form (select one):				
Credit Union/Company/Organizat	ion			
Individual – Personal Donation				
YES! I am interested in supporting the in the following way(s): General Donation	t union staff and	volunteers, fina	ncial education programs for y	\$
and adults, and creates valuable resources				•
Disaster Relief Fund\$ Provides immediate assistance to credit unions, staff, volunteers, and communities impacted by natural disasters.				
			Amount Enclosed	\$
Name:				
Credit Union/Company/Organization:				
Address:				
City:	State:	Zip:	Chapter:	
Payment Options:				
ACH/Wire to SECUF ABA#: 263	3182516 Acc	count#: 91200	00183718	

Thank you for your continued support.

(for ACH/Wire payment, please email or fax completed form to Bobbi Grady at bobbi.grady@lscu.coop or fax to 205.437.2228

Mail check payments to: League of Southeastern Credit Unions ATTN: Accounting 3692 Coolidge Court Tallahassee, FL 32311

Check (See mailing address below)

For Wire Transfers, use this address:
First Commerce Credit Union
1620 Futura Dr. Suite 100
Tallahassee, FL 32317
C/O Southeastern Credit Union Foundation