



Marketing Donation Form

Business Name

CACL Account Number¹

Business Located in Schuylkill County? Yes No

Is Your Business a 501(c)(3)? Yes No

EIN Number:

Contact Name:

Email Address:

Phone Number:

Requested Donation Amount?

Reason For Request:

Please complete this form in its entirety. The information you provide will help us process your request.

¹Please note that members of CACL will be prioritized for donation requests. If you are not currently a member, you may open an account at any branch location.