

North Carolina Mutual

L I F E I N S U R A N C E C O M P A N Y

Corporate Contributions Request Form

Contact Information

Your name: _____

Are you an employee of NC Mutual Life Insurance Company? Yes No

Name of Organization: _____

Please check box to indicate organization type:

Nonprofit Faith based Community Other _____

Address: _____

City: _____ State: _____ Zip Code: _____

Executive Director: _____

Primary Contact Person/Title: _____

Telephone Number: (____) _____ Fax: (____) _____

Email: _____ Website: _____

Tax Id of organization: _____

Program or Event Description

Program or Event Title: _____

Program or Event Description:

Projected outcome of the program and its impact on NCMLIC goals and objectives:

Event Date? _____

NCMLIC subject matter areas related to this program:

Financial Literacy Education

NCM Use Only:

Amount requested: _____

Total Agency Budget: _____ Percentage of Agency Budget Request: _____

Total Project Budget: _____ Percentage of Project Budget Request: _____

Action Taken:

Approval

Disapproval

Name: _____

Signature: _____ Date: _____

Comments: