



Financial Education Request



Organization name: _____

Organization address: _____

Contact name: _____

Contact phone: _____ Contact email: _____

____ Yes, I would like to receive emails about Clear Money classes & events.

Participants: ___ youth ___ adult Age ranges: _____

Preferred type of education: ___ Class ___ Tour of Credit Union ___ Counseling

Class location: ___ at the Credit Union ___ at your location

Time of class: _____ a.m. _____ p.m (most classes take one hour – please comment if your timing needs are different)

Number of participants anticipated: _____

Language needed: ___ English ___ Spanish

Areas of financial concern for participants:

___ Payday loans ___ Check cashing ___ Budgeting ___ Credit

___ Saving ___ Financial products & services ___ Debt ___ Retirement

___ Identity Theft ___ Credit Union Difference

___ Other (please list) _____

Anything else we should know about your group? _____

Please fax or email this form to:
Amy Fidelis
Denver Community Credit Union
Fax: 303-623-9289
Phone: 303-573-1170 ext. 1604
afidelis@denvercommunity.coop