

# NISCUE

## Donation Form

The National Institute for State Credit Union Examination (NISCUE) advances the NASCUS mission of advocating for strong state credit unions by increasing state examiners' skill levels, enhances the quality of state credit union examinations, and broadens examiners' understanding of state credit union issues and philosophy.

Credit Union Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please check your asset size and suggested donation, or use the "other" category.  
We developed this chart by member request. Please know that every contribution helps.*

| <u>Asset Size (\$)</u>    | <u>Suggested NISCUE Donation</u> | <u>Asset Size (\$)</u>    | <u>Suggested NISCUE Donation</u> |
|---------------------------|----------------------------------|---------------------------|----------------------------------|
| _____ Less than 3 Million | \$50                             | _____ 75 to 100 Million   | \$500                            |
| _____ 3 to 5 Million      | \$75                             | _____ 100 to 250 Million  | \$1,000                          |
| _____ 5 to 10 Million     | \$100                            | _____ 250 to 1 Billion    | \$2,000                          |
| _____ 10 to 25 Million    | \$150                            | _____ More than 1 Billion | \$5,000                          |
| _____ 25 to 50 Million    | \$200                            | _____ More than 5 Billion | \$10,000                         |
| _____ 50 to 75 Million    | \$350                            | _____ Other _____         |                                  |

|   |                           |
|---|---------------------------|
| <p><b>Please mail to:</b></p> <p><b>NISCUE</b><br/><b>1655 N. Ft. Myer Drive, Suite 650</b><br/><b>Arlington, VA 22209</b><br/><b>Or fax to: (703) 528-3248</b></p> | <p>\$ _____<br/>Total</p> |
|---|---------------------------|

Please find my enclosed share draft.

Please charge my credit card for \$ \_\_\_\_\_

MasterCard       Visa

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_