

FIRST FEDERAL *Community Rewards*

Customer Registration



www.FirstFedWeb.com | (888) 317-8333

About First Federal Community Rewards

First Federal Community Rewards is simple: for every hour a First Federal customer volunteers with a nonprofit organization operating in Yamhill County, we will contribute \$2 to the organization.

As a volunteer you must track your active volunteer hours on a First Federal Community Rewards time card and submit it to the registered nonprofit organization before the 1st of the month following the program start date. Your organization(s) will receive a contribution at the close of the program based on the total number of active volunteer hours submitted monthly to our Community Relations Coordinator.

Please visit our website for complete information on program start dates and funding levels for the current year. Participating organizations are eligible to earn up to \$500 in any given fiscal year. First Federal Community Rewards will remain open until the annually established number of volunteer hours is reached.

How to participate...

- 1 You must be a First Federal customer. If you're not a customer, we'll help you make the switch...it's easy!
- 2 Complete and return this registration form to First Federal.
- 3 Track your active monthly volunteer time on a Community Rewards time card. Please use one time card per organization. On-call hours are not applicable.
- 4 Submit your completed time card(s) **before the 1st of the month to your registered nonprofit organization(s).**
- 5 Please visit www.FirstFedWeb.com for complete information on program start dates and funding levels for the current year.

Customer Registration

Please complete the following form and return to:
First Federal
ATTN: Community Relations Coordinator
PO Box 239, McMinnville, OR 97128
OR
Email: communityrelations@firstfedweb.com

Name _____

Address _____

Phone _____

Email _____

I volunteer for the following nonprofit organization(s):

Organization Name _____

Contact Person _____

Phone _____

Organization Name _____

Contact Person _____

Phone _____

Organization Name _____

Contact Person _____

Phone _____

Customer Signature _____

Date _____