

Donation Request Form

Date of Request:	_ (Please allow 3-4 weeks to process your request.)		
Requested by (individual/organization):			
Primary Contact Person:			
Address:			
Phone number: Email address:			
Website:			
Donation requested (money, item, etc.):			
If monetary donation is requested, please list mailing address for che	ck:		
Date of event/date when donation is needed:			
Who will the donation benefit?			
Does your organization serve individuals or families who fit the definit income is 50% or less of the area median income; moderate income is median income)	is at least 50%	but les:	s than 80% of the area
Please list your organization's mission statement if you have one:			
Has the bank previously donated to you or your organization?	□ YES		
If yes, in what manner?			
Do you or your organization have any current relationships with us?	□ YES		
If yes, what type of relationship?			
Are employees of the bank involved in this organization?			
If yes, please list those employees:			
What recognition will the bank receive for donating this gift?			
What documentation will the bank receive as proof of this donation?			

Signature: ____