



REQUEST FOR DONATION/COMMUNITY SUPPORT – UNDER \$1,000

Date: _____

Name of Organization: _____ Tax ID Number: _____

Primary Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-Mail Address: _____ Web site: _____

Please describe your request:

Will this benefit low / moderate income individuals? Yes No

If yes, please explain: _____

Does the organization have a current account relationship with the bank? Yes No

If yes, what type of account(s)? Checking Savings Mmkt CD Loan Other: _____

Has the bank received this request in the past? Yes No

If yes, approximately when was the last time? _____ Amount: _____

What are the benefits to the bank if this gift or donation is approved?

DISBURSEMENT INSTRUCTIONS / APPROVAL

Date check needed by: _____ Amount: _____

Send check to: _____

Submitter: _____ Branch#: _____

X

Submitter Signature Title

Division Manager: _____ Division: _____

X

Division Manager Signature (If Required)

Charge To: Branch _____ Division _____ Marketing Community Reinvestment

X _____ X _____
Approved By - Marketing Date Approved By - Community Reinvestment Date