



Corporate Giving Program Application Form

Request Information	
Today's Date:	Date Funds are Needed:
Type of Request:	
Financial: <input type="checkbox"/> Event Sponsorship <input type="checkbox"/> General Request	
Amount Requested: \$	
In-Kind Donation: <input type="checkbox"/> Facility Usage <input type="checkbox"/> Volunteer Support <input type="checkbox"/> Other	
If in-kind, please specify what is needed:	
Have we sponsored this event before? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are other banks or credit unions sponsoring? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please specify and at what amount:	
Summary/Purpose of the request:	

Organization Information		
Today's Date:		
Organization Name:		Federal Tax ID Number:
Event or Project Name (if applicable):		
Address:		
City:	State:	Zip:
Web address:		
Contact Name:		Title:
Telephone:		Email:
Please list any Bank employees involved in your organization and their roles:		
Bank Client? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Please provide a brief overview of your organization and its mission:		

Please complete the questions that are relevant to your request.

The undersigned certifies that they are authorized to represent the organization applying for a contribution and that the information contained in this application is accurate. The undersigned agrees that if a contribution is awarded to the organization, it will be used only for the purposed outlined in this application.

Signature of Applicant

Date