

Reviewed by \_\_\_\_\_ Date

## **DONATION REQUEST FORM**

Citizens Independent Bank has a longstanding tradition of supporting organizations in their efforts to serve our communities. It is our goal to sponsor youth organizations, non-profit events and programs and projects focusing on health and wellness that benefit our communities. Financial support is restricted for political organizations or candidates, individuals or causes that benefit an individual only, annual operating expense budgets and programs outside the bank's marketing area. Due to the volume of requests, it is not an easy decision to select donation recipients from among so many worthwhile programs. To help us in considering your appeal, please complete the following request form. All requests must be made 90 days prior to donation.

אווטו נט טטוזמנוטוז.						
		Details	of Applicant			
Organization:				Date:		
· ·				_		
If monetary donat	tion is being requested	d, who should the check i	be made payab	le to?		
Contact Name: Contact Phone			<u> </u>			
Address:						
Street	t Address					
City		State	Zip	E-mail:		
IRS Recognized N	Non-profit?	Bank Customer?		United Way Agency?		
□ Yes □ No	·	☐ Yes ☐ No	□ Yes			
Cities or counties se	erved?					
Does your organiz	zation fund/sponsor ot	ther non-profit organization	ons? □ Yes	□ No		
If so, which ones?	?					
What is the organ	nizations primary missi	on?				
		Detail	s of Request			
Amount or type of donation requested:			Date	Date donation needed:		
Brief description of	of the request, includin	ng how many people impa	acted and how	donation will be used:		
Will the bank rece	eive publicity or recogr	nition? □ Yes □ No	If so, In what fo	orm:		
Does the bank red	ceive any goods or se	rvices?				
Please Sign:				Date:		
				nail to: Attention: Community Giving		
		Independent Bank • 5000 \		St. Louis Park, MN 55416		
	Thank you for taki			d receive a response within 90 days.		
		В	ank Use Only			
Date received	Approved	Denied	Amoun	t		