

**Charitable Organization Request Form**

*Fields marked with \* are required*



Organization name\* \_\_\_\_\_

Organization website \_\_\_\_\_ 501(c)(3) Tax ID number\* \_\_\_\_\_

Name of Requestor\* \_\_\_\_\_  
First Last

Requestor's involvement in Organization \_\_\_\_\_

Organization contact (If different than Requestor) \_\_\_\_\_  
First Last

Address\* \_\_\_\_\_  
Street Address City State Zip Code

Phone \_\_\_\_\_ Email\* \_\_\_\_\_

Event Title/ Date/ Location: \_\_\_\_\_  
(If applicable)

**Nature of request\*:**

*More than one can be selected; indicate type of request and provide relevant information*

Sponsorship Level: \_\_\_\_\_ Cost: \_\_\_\_\_

\$ Donation Amount: \_\_\_\_\_

Giveaways Estimated Value: \_\_\_\_\_ How Many: \_\_\_\_\_

Item(s): \_\_\_\_\_

Ad Ad Size (WxH): \_\_\_\_\_ Color or B&W: \_\_\_\_\_ Cost: \_\_\_\_\_ File Format Requested: \_\_\_\_\_

Buy Ticket(s) Price per Ticket: \_\_\_\_\_

Approx. # of clients the Organization serves: \_\_\_\_\_

What is the Requestor's relationship with the Bank?\* \_\_\_\_\_

What is the Organization's relationship with the Bank?\* \_\_\_\_\_

Do you have a contact at the Bank? \_\_\_\_\_

*Please type Associate's name. If none, type: N/A*

**Choose the option that best aligns with the Organization's mission or focus\*:**

Education and Youth

Arts and Culture

Economic Development

Health and Human Services