

# COMMUNITY BANK

## DONATION / SPONSORSHIP REQUEST FORM

Name of Organization

Tax Identification #

Address

City

State

Zip

Contact Person

Telephone Number

Event name (If Applicable)

Event Date (If Applicable)

**Description of Request:** \_\_\_\_\_  
\_\_\_\_\_

**What are the benefits to the individual, organization, and / or cause if this donation is approved?**

\_\_\_\_\_  
\_\_\_\_\_

**What are the benefits to our community if the donation is approved?** \_\_\_\_\_

\_\_\_\_\_

**Does the individual / organization have a current account relationship with Community Bank? Yes No**

**Has Community Bank donated / sponsored this in the past? Yes No**

**If Yes, explain:** \_\_\_\_\_

\_\_\_\_\_

**Please Circle the following answers:**

**Do you need our logo? Yes No Black & White or Colored Ad Size** \_\_\_\_\_

**If Yes, email to send it to:** \_\_\_\_\_

**What is all included with donation / sponsorship?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Office Use Only**

Officer Approval	Amount Approved	Date
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