Adams COMMUNITY BANK

COMMUNITY GIVING REQUEST FORM

GENERAL INFORMATION

Prior to submitting your request, please review our donations eligibility criteria. Requests should be submitted at least 2-3 weeks in advance of an event to allow time for review and processing.

Today's Date: _____ /_____ /_____

ORGANIZATION INFORMATION

_____   _____   [ ] Yes   [ ] No
Name of Organization   EIN/Tax ID #   501(c)(3) Status

_____   _____   _____ _____
Mailing Address   City   State   Zip Code

_____   _____   _____
Telephone Number   Website   Name of Contact

_____   _____
Contact E-mail Address   Title or Relationship to Organization

_____   [   ] First Time Request - W-9 Required - Please attach
 Contact's Telephone Number (if different)   [   ] Subsequent Request

DONATION REQUEST

_____   _____
Program or Event Name   Date of Event

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[   ] Monetary Amount Requested: $_____
Purpose of Request: _____
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[   ] Ad Request / Need Artwork? [   ]Yes [   ]No / Send artwork to: _____
Purpose of Request: _____
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[   ] Raffle Donation Request of Bank Merchandise   / Which Branch for pick-up? _____
Purpose of Request: _____