



DONATION, SPONSORSHIP & CHARITY REQUEST FORM

Date of Request _____

Organization Name _____

Mailing address _____

City _____ State _____ Zip _____

Contact person _____ Title _____

Phone _____ Fax _____ Email _____

Organization's mission statement: _____

Describe your organization: _____

Population/area served: _____

Specific project or need that request will aid: _____

Type of Donation requested _____

Date needed _____

Event Y (if yes, complete next three lines) N Event Date _____

Type of event _____

Number of people expected to attend _____

If the event is to be advertised, please tell us how it will be done: _____

Other comments for our consideration: _____

DIRECT CORRESPONDANCE TO:

Citizens First Bank
Carrie Donaie -Charitable Considerations
1442 Lincoln Way • Clinton, IA 52732
Phone 563-243-6000 • Fax 563-243-9747



Version 20150715

Bank to complete:

Contributed past fiscal year Y N

Gift: _____

GL: _____

Approved/Declined: _____