

Donation/Sponsorship Request Form

Today's Date: Date Funds Needed		Date Funds Needed:	: Amount of Request:			
Name of C	Organization:					
Tax ID Number of Organization:						
Physical A	ddress:					
Mailing Ad	ldress (if different):				
Name/Title	e of Person Makin	g Request:				
Contact Phone #: Contact Email:						
For what p	ourpose will the fu	ınds be used?				
Is this organization a 501-c(3) Not For Profit Agency?		ncy? Ye	S	No		
Is this donation tax deductible?			Ye	s	No	
Does the c	organization bank	with First Bank?	Ye	s	No	
Will our donation be acknowledged in any way? (I.E. banners at an event, logo on t-shirts, program listings, thank you ads, etc.)			Ye	S	No	
o Pleas	e attach advertisi	ng specifications to th	nis request.			
What perc	entage of low-to-	moderate income ind	ividuals/famili	es are se	erved by your organization?	· %
o If abo	ove 50% , please p	rovide a separate lette	er with the foll	owing in	nformation included:	
Your organization's Mission Statement						
Your organization's web address (if applicable)						
The total number of individuals served by your organization						
The number of low-to-moderate income individuals/families served by your organization						
How do you qualify those individuals/families as low-to-moderate income (I.E. TANF eligible, students on free/reduced lunch program, Medicaid eligibility, etc.)						

Please submit this application to your local branch, along with a completed IRS Form W-9 in one of the following ways:

- o **Drop off** at your local branch.
- o Mail to your local branch. Branch addresses can be found on our website: www.GoFirstBank.com

