

# PARK NATIONAL BANK

## Donation Request Form

The Park National Bank asks that all organizations requesting donations/support complete this form. We ask that your request be submitted 2 weeks in advance for consideration. Completion of this form does not guarantee that Park will be able to fulfill your request. Please print or type.

Thank you for filling out this form. Please submit it to any Park National Bank office, or mail to: Park National Bank, Attn: Marketing/Cindy Kosik, 22 South First Street, Newark, OH 43055.

Date of Request	Time	AM PM	Date Needed
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### Applicant Details

Organization			
Contact Name		Phone Number	
Address		City, State, Zip	
Email	Bank Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	501(c)3 Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Request Details

Check Payable To	Amount Requested
I am requesting (please check one) <input type="checkbox"/> General Donation/Money <input type="checkbox"/> Banner <input type="checkbox"/> Ad <input type="checkbox"/> Door Prize	Has Park National participated in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No How?
Briefly describe who/what your organization serves...	Briefly describe how the funds will be used...

Please describe how or if the bank will be recognized for this donation...

Please list any bank employees involved in the organization & offices held...

Contact's Signature

### Internal Use Only

Date Received	Date Reviewed
Previous Support Given? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, date & amount
Approved: \$	Denied:
Current Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No Port #	Items needed for bank publicity? <input type="checkbox"/> Ad (size) _____ <input type="checkbox"/> Logo <input type="checkbox"/> Promo Item (quantity) _____
Additional Comments	

### Accounts Payable

Date	
Approved for Payment	GL #
By	Amount