

Donation Request Form

Mission of the Organization:

Date of Request: _____ Name Of Organization: _____

Requested By: _____

Primary Contact Person: _____ Title: _____

Officers of Organization:

President: _____ Vice President: _____

Treasurer: _____ Secretary: _____

Board members: _____

Organization Address: _____

Phone Number: _____ Fax/Email _____

Are any bank employees part of this organization? _____

Brief History of organization: _____

Brief explanation of organization's objectives: _____

Reason/event donation is requested: _____

Date of event: _____ Date gift is needed by: _____

Who will the gift benefit? _____

What percentage of the gift will be used for the event? _____

What percentage of the gift will be used for the organization's administrative purposes? _____

Have we made previous donations to this organization? _____ If so, when? _____

Does the organization have a relationship with the Bank? _____

Please forward this completed form along with your organizations Section 501 (c) (3) tax exempt number, if applicable. Send all the information either by fax or mail to:

Profile Bank

PO Box 1808

Rochester, NH 03866-1808

Fax: 603-332-2519

Attn: Jeanette Poulin, AVP, Marketing and Sales Director