



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
Paula Mayer-Charitable Considerations
1442 Lincoln Way • Clinton, IA • 52732
Phone 563.243.6000 • Fax 563.243.9747



<p>Bank to complete: Contributed past fiscal year <input type="checkbox"/> Y <input type="checkbox"/> N Gift: _____ GL: _____ Approved/Declined: _____</p>
