

Return completed application to: Attn. Marketing PO Box 1111 Evansville, IN 47706

	REQUEST FOR GIFT OR DONATION
Organization Name	
Address	
City, State, Zip	
Telephone Number	
Contact Person(s)	
Federal ID#	
Please describe your request:	
Does your organization have a c If yes, what type of account(s)?	current relationship with the bank? Yes No
Has the bank received this requ	est in the past? If yes, when?
	vidual or organization if this gift or donation is approved?
	k if this gift or donation is approved?
	nmunity if this gift or donation is approved?

Donation requests are evaluated and distributed on a case by case basis. A donation request does not guarantee a gift of monetary value to your organization.