

Organization Name:

Donation Request Form

If your organization would like to be considered for donations or sponsorships, please fill out this form completely and have a representative of the organization sign and date it.

Please submit your completed form along with a W-9 for the organization to respond@valleybankglacier.com.

Tax ID / EIN:

Organization Type:	For-Profit	Non-Profi	t Municipality/Government	
Organization Address:				
City:	State:	Zip:		
Phone:	Ema	il:		
Contact Name:		Contact T	itle:	
If your organization has	s a formal Mission S	statement, list it b	elow:	
Briefly describe below	the programs/servi	ces offered by you	ır organization:	
Donation Amount Requested:		Dat	e Needed By:	
How will the funds be u	used (included spec	cifics):		
If any proceeds are bein	a used for easts of a	fund raising avent	such as tiplicate advertising food vanue	+-
please specify the amou		_	such as tickets, advertising, food venue, e	lC.,
Amount:	What it pay	/s for:		
Continue on Page 2>				

PART 2 CONTINUED

County:

What is the total number of people who will benefit from the donation? (i.e. the total unduplicated number of clients or customers you served either in your last fiscal year-end, or that will directly benefit from this specific donation)

What is the percentage of the number of those people that are considered low-to-moderate income? (Those earning less than 80% of the Area Median Income - See table below)

Does the Organization Currently Bank with Valley Bank? Yes No

Area Median Income:

If yes, please provide your account number:

Organization Representative Signature: Date:

Please have a representative of the organization sign and date. Submit your completed form to respond@valleybankglacier.com. Thank you!





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