

Proud to be here for you



MOUND CITY BANK

DONATION REQUEST FORM

www.moundcitybank.com

In order for Mound City Bank to provide a decision with your donation request, this form must be completed and signed by someone within the organization making the request. Incomplete forms will not be considered for donations or may be returned for completion.

Date of request: _____ Date Request Needed By (Requires at least 15 day notice): _____

Name of Organization or Event: _____

Organization Main Address: _____

Organization Main Phone #: _____ Contact Person: _____

Organization Website: _____

Purpose of funding needs: _____

Does the organization bank with Mound City Bank? _____ Yes, Deposit _____ Yes, Loans _____

Please describe your request: _____

Has the Bank received this request in the past? Yes ___ No ___ If yes, when? _____

QUESTIONS 1-5 (Must be completed)

1. What is the dollar amount you are requesting? _____
2. What percentage of this donation will go directly to the cause? _____
3. If applicable, please mark the box if the primary purpose of this request will benefit:
 - Affordable housing primarily benefiting low to moderate-income individuals
 - Community services primarily benefiting low to moderate-income individuals or areas
 - Activities that revitalize or stabilize low to moderate-income geographies by: _____
 - Donation help a federally declared disaster area by _____
 - Other: The requested donation will be used for: _____
4. What are the income guidelines used by your organization for low to moderate income? (This MUST be completed IF any of the three boxes above are checked.) *This information will remain confidential and will only be used by Mound City Bank for documentation of Mound City Bank's efforts to meet Federal Regulatory requirements under Community Reinvestment Act (CRA).* \$ _____
5. Where does the donation benefit? Select the area(s) that this investment benefits. Check all that apply.
 - Grant County Lafayette County Iowa County Dane County
 - Green County Other: _____

Signature _____

Date _____

Please return your completed application to: Mound City Bank, Marketing Dept., 25 East Pine Street, Platteville, WI 53818 or fax to (608)348-8035 or email to barb.skaife@moundcitybank.com

(Office Use)

Branch # _____ Approved _____ Not Approved _____ By _____ Date: _____

\$ _____ or Merchandise Description _____

04/11/2017

