

MOUND CITY BANK

CHARITABLE DONATION REQUEST FORM

Please note:

In order for Mound City Bank to provide a decision with your donation request:

This form must be fully completed & signed by someone within the organization making the request.

Incomplete forms will not be considered for donations.

Mound City Bank's name cannot be printed on tickets for sale to win something (e.g. raffle or games of chance tickets; event entry tickets are acceptable)

DATE: _____

GENERAL INFORMATION

Name of organization:

Project name:

Requested \$ amount:

Name of requestor:

Requestor's phone and/or email:

Has the bank received this request in the past?

If so, when?

How much was given?

ORGANIZATION INFORMATION

Does the organization bank with Mound City Bank?

Will the funds requested today be used exclusively for helping low to moderate income individuals or families? If so, how?

Does your organization serve low to moderate income individuals or families in your area?

If so, how?

Counties served by organization:

PROJECT INFORMATION

Explain the specific use of the requested funds:

PAYMENT INFORMATION

Check made payable to:

Address check to be sent:

Project Name:

Signature:

Please attach any additional documentation or information for consideration, and submit to barb.skaife@moundcitybank.com
If this form is not completed in its entirety, it will be returned to the requestor for completion

RETURN YOUR COMPLETED APPLICATION TO

Mound City Bank, Barb Skaife, 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 _____

GL# _____

