

# DONATION/SPONSORSHIP REQUEST FORM

CITIZENS FEDERAL IS DEDICATED TO HELPING OUR COMMUNITY BY SUPPORTING LOCAL SCHOOLS AND ORGANIZATIONS. PLEASE TAKE THE TIME TO FILL OUT THE REQUEST FORM TO BETTER HELP US UNDERSTAND YOUR NEED FOR FUNDS OR DONATIONS.

Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Organization's Phone \_\_\_\_\_

Contact's Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Are you a customer of Citizens Federal?  Yes  No

Have you placed previous requests to our institution?  Yes  No

If YES, when and for what reason? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you intend to do with the donation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you plan on advertising the donors?  Yes  No

How soon is the donation needed? \_\_\_\_\_

Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ONCE THE REQUEST FORM IS COMPLETED, PLEASE RETURN.  
IF YOUR DONATION IS APPROVED, YOU WILL RECEIVE NOTIFICATION EITHER BY MAIL, E-MAIL, OR PHONE.

## OFFICE USE ONLY

Application Approved \_\_\_\_\_

Signature \_\_\_\_\_

Application Denied\* \_\_\_\_\_

Date \_\_\_\_\_

\*Reason for being denied \_\_\_\_\_  
\_\_\_\_\_