



Charitable Contribution Request Form

First National Bank asks that all organizations requesting financial support from us complete this questionnaire. We ask that your request be submitted at least three weeks in advance for proper consideration. Those not providing ample time for consideration may limit their opportunity for support. Completion of this form does not guarantee that First National Bank & Trust will be able to fulfill the request. (Please print or type.)

Date of Request: _____

Person Making Request: _____ Phone: _____

Organization: _____

Physical Address: _____ City, State, Zip: _____

Mailing Address: _____ City: State: Zip: _____

Information

Is this organization a 501-(c)3 nonprofit agency? YES NO

Is this donation tax deductible? YES NO

Is this organization a recipient of funds from other organizations? YES NO

What is the organization's primary mission? _____

Amount Requested? \$ _____ Date funds needed by: _____

How will the funds be used? _____

Will there be any advertisement or promotions featuring First National Bank & Trust? YES NO

Please describe: _____

Is the requesting organization a customer of First National Bank & Trust Company? YES NO

If "yes", what relationship(s) do you have with us? _____

Are any employees of First National Bank & Trust Company involved in the effort? Please list. _____

Has First National Bank Trust Company participated in the past? In what way? _____

Signature of Person making request: _____