



## REQUEST FOR DONATION OR EVENT SPONSORSHIP

Applicant Details			
Organization's Name:			
Address:			
City:	State:	Zip:	Day Telephone:
IRS Recognized Non-profit: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach Tax Exempt Form.			
Cities or Counties Served:			
Contact Name:		Contact Telephone:	
Contact Email:			
Primary Purpose of the Organization:			
Request Details			
Title of Activity:			
Request Type: <input type="checkbox"/> Funds <input type="checkbox"/> Door Prizes/Giveaways <input type="checkbox"/> Sponsorship			
Amount Requested:    Funds: \$ _____ Door Prizes/Giveaways: # _____ Sponsorship: \$ _____			
Brief Description of the Request:			
Venue/Location:		Date/Time:	Estimated Attendance:
Other Committed Sponsors:			
What are the benefits to the individual/organization if this donation is approved:			
What are the benefits to the bank if this donation is approved:			
What are the benefits to our community if this donation is approved:			
Will the bank receive any publicity? <input type="checkbox"/> No <input type="checkbox"/> Yes                      If yes, in what form?			
Does the bank receive any goods or services? <input type="checkbox"/> No <input type="checkbox"/> Yes                      If yes, what?			
Has the bank received this request in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes                      If yes, when?			
Is there anything else you would like to include or clarify?			
Please provide a copy of the previous year's ad. (If applicable)			
Please sign your name to endorse this application: <u>    X    </u>			
To be completed by Citizens Bank & Trust			
Office/Dept:		Submitted by:	Send check to:
Is this donation CRA Eligible? <input type="checkbox"/> No <input type="checkbox"/> Yes                      If yes, complete a CRA Reporting Form.			

Thank You for taking the time to complete this application. Please submit by email to [info@Citizens-Bank.com](mailto:info@Citizens-Bank.com), by fax to 863-676-1734 or to your local Citizens Bank & Trust office. When possible, please submit your request 60 days prior to the date needed. All completed applications will be considered.

**2 East Wall Street, Frostproof, FL 33843 | 863-635-2244**