

Donation Request Form

*Request must be made **THREE** weeks in advance to be reviewed.*

Bank of Zumbrota is ready to support non-profit organizations in their efforts to serve our communities. Financial support is not given for political organizations or candidates, annual operating expense budgets, and programs outside Bank of Zumbrota's market areas. Due to the volume of requests, it is not an easy decision to select donation recipients from among so many worthwhile programs. To help Bank of Zumbrota in considering your appeal, please complete the following request. Only completed Donation Requests will be considered. Final donation amounts are at the sole discretion of the Bank.

Details of Applicant			
Name of individual or organization request is for:			
If a monetary donation is being requested, who should the check be made payable to?			
Contact Name:		Contact Phone:	
Address:			
City:		State:	Zip: Email:
Bank Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who is your usual main contact at The Bank?	IRS Recognized non-profit? <input type="checkbox"/> Yes <input type="checkbox"/> No	United Way Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cities or Counties served?			
Does the organization fund/sponsor other non-profit organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which ones?			
General purpose of the organization/event:			
Details of Request			
Amount or type of donation requested:	Has your organization received financial support and/or donations from our bank in the previous 12 months?	Date donation need by (minimum of 3 weeks from date presented to bank):	
Brief description of the request, including how many people are estimated to be helped and how donation will be used:			
Have you contacted any other organizations for donations? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, whom and what was the donation?			
Can / Will the Bank receive publicity or recognition? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, in what form?		Please sign your name to endorse this request. Date of Request:	
Does the bank receive any goods or services?			
Is there anything else you would like to include or clarify?			
Bank Use Only	Request received by bank: Date: _____ Employee: _____	Reviewed By & Date:	Amount or Donation Approved:

Thank you for taking time to complete this request. Please submit to either Bank of Zumbrota location, or mail to the address listed below. You should have a response to your request within 15 days.

Bank of Zumbrota, Attn: Marketing Director, P.O. Box 8, Zumbrota, MN 55992 (507) 732-7555 FAX (507) 732-8713