

This is Your Community. This is Your Bank.

Community First Bank is pleased to sponsor organizations and events in the community in which we serve. As we receive numerous requests, it is our goal to fairly assess each cause. Please complete the following information to assist us in this process. Direct questions to Kim LaFollette, 456-4303. Thank You!

**REQUEST FOR CONTRIBUTION/DONATION**

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Organization/Event \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

**Please describe your request (If requesting a monetary donation include who the check should be made payable to.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your organization have a current account relationship with the bank?  YES  NO

If YES, what type of account?  Checking  Savings  Money Market

Investments  CD's  Other \_\_\_\_\_

Has this request been made to the bank in the past?  YES (when \_\_\_\_\_)  NO

If YES, approximately when was the last time? \_\_\_\_\_

What are the benefits to the *individual/organization* if this donation is approved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are the benefits to the *community* if this donation is approved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are the benefits to the *bank* if this donation is approved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form by mail or fax to:

Community First Bank • ATTN: Kim LaFollette  
201 W. Sycamore St. • Kokomo, IN 46901  
Fax: 765-236-1873 • Phone: 765-236-0600

For Staff Use Only: Date Received \_\_\_\_\_  Approved  Declined Date \_\_\_\_\_

Comments: \_\_\_\_\_