



**This is Your Community. This is Your Bank.**

## Donation Request Form

Community First Bank of Indiana is committed to supporting non-profit organizations and their efforts to serve our communities. To help us in considering your donation or sponsorship, please submit your written request to our Marketing Department at least **1 month** prior to event.

Thank you for taking the time to fill out this form. Please submit it, along with any additional materials relating to your request, to any CFB Branch location or mail to: 201 W. Sycamore Street Kokomo, IN 46901 or email to [sbeck@cfbindiana.com](mailto:sbeck@cfbindiana.com).

**Please make sure to fill this form out as completely and specifically as possible. If you have any questions, you can contact the Marketing Department at 765-456-4346.**

Date of Request: \_\_\_\_\_ Date Request Needed: \_\_\_\_\_

Name of Group or Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Person Making the Request: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization's Primary Purpose/Mission:

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

Is your group or organization a 501 © (3) nonprofit agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your group or organization a customer of Community First Bank? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any Community First Bank Associates involved with your group or organization?

Yes \_\_\_\_\_ Please List: \_\_\_\_\_ No \_\_\_\_\_

**DETAILS OF EVENT:**

Purpose of your request/Name of Event: \_\_\_\_\_

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Location of Event: \_\_\_\_\_

Type of Request (Check all that apply):

Monetary Amount Requested: \$ \_\_\_\_\_

Giveaway Item(s) Quantity: \_\_\_\_\_ Date Needed: \_\_\_\_\_

*\*Please be sure to include documentation supporting your request such as a flyer, newsletter or event program about the organization and/ or event.*

**ADVERTISING INFORMATION:**

Will there be any advertisement/promotions featuring Community First Bank? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please describe: \_\_\_\_\_

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Please indicate ad size measurements: \_\_\_\_\_ Black & White or Color Ad: \_\_\_\_\_

Bleed or no bleed \_\_\_\_\_ Format for logo and/ or Ad: PDF \_\_\_\_\_ JPG \_\_\_\_\_ OTHER \_\_\_\_\_

Date the logo and/ or Ad is due: \_\_\_\_\_

Email to send the logo and/ or Ad to: \_\_\_\_\_

**INTERNAL USE ONLY**

Date received by Community First Bank: \_\_\_\_\_ Approved? \_\_\_\_\_

Approved by Marketing Department: \_\_\_\_\_

Date Submitted to Acct: \_\_\_\_\_ Amount: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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