



Donation Request Form ~ please submit to either bank location:
 141 Main St., P.O. Box 40, Readlyn, IA 50668; or 312 S. Main St., P.O. Box 909, Tripoli, IA 50676

~ Community Giving Mission Statement~

Contribute to our customers' efforts to improve the well-being of our community.

1. The Organization:

Contact Person(s): _____

Street Address: _____ P.O. Box: _____

City, State, Zip: _____

Telephone #: _____ E-mail: _____

Website: _____

Organization's Mission: _____

Projects & Events, dates: _____

of Members: _____ Age Range: _____ Annual Budget: \$ _____

2. The Request:

Donation Amount: \$ _____ Total Goal: \$ _____

Donor Recognition: _____

Photo Date: _____ Time: _____ Place: _____

Previous Bank Donation: _____ Total to Date: \$ _____

3. The Relationship:

Organization Bank Accounts (circle): checking savings loan CD trust none

Contact Person Bank Accounts (circle): checking savings loan CD trust none

If "NONE", would you please consider Banking with our Bank? (circle): YES NO

4. The Benefit:

How does the Receiving Organization Benefit? _____

How does the Bank & Community benefit?: _____

x _____
 Signature Contact(s) _____ Date _____

For Bank Use Only (if necessary please include more info on the back of this form)

Amount Given \$ _____ Check Date & #: _____

 Staff Signature _____ Date _____