

# CHARITABLE DONATION REQUEST FORM

All of the following information is required in order for Cornerstone Bank to consider your request.

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Organization's Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please make sure your proposal includes the following information:**

- A description of your organization, including its mission and major accomplishments
- A copy of the letter from the IRS stating your organization's 501(c)(3) status, if applicable
- A list of key staff and titles and current Board of Directors including officer status, if applicable

Contact person's relationship to the organization:

Employee \_\_\_\_\_ Volunteer \_\_\_\_\_ Paid Worker \_\_\_\_\_ Fund Raiser \_\_\_\_\_

What services are rendered by your organization? \_\_\_\_\_

What percentage of the donation will be used to help low-to-moderate income individuals or families? \_\_\_\_\_

How will this donation be used? \_\_\_\_\_

What kind of advertising/signage and recognition will Cornerstone Bank receive, if any? \_\_\_\_\_

Are there any other financial institutions donating at this time? If so, please list. \_\_\_\_\_

Why type of contribution are you seeking? (check one)	
<input type="checkbox"/>	Monetary \$ _____ (please be specific)
<input type="checkbox"/>	Cornerstone Bank Promotional Item(s) Desired Items: _____

By what date do you need the contribution? \_\_\_\_\_

Please submit complete proposals no less than 30 days before contribution is needed. Incomplete or late proposals may not be considered.

Does your organization do business with Cornerstone Bank? \_\_\_\_\_

To whom should the check be made payable? \_\_\_\_\_

Signature of Organization's Officer: \_\_\_\_\_

Within 30 days following the event, please provide a letter or program showing how funds were used and the benefits the Bank received.

**Internal Use Only**

Req. Number: \_\_\_\_\_ Date of Review: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Conditions: \_\_\_\_\_

Please return this application to:  
Cornerstone Bank  
Charitable Donations Committee  
P.O. Box 370  
Southbridge, MA 01550  
Fax: (508) 764-0793

