

## Request for Gift or Donation

Name of Organization	
Submission Date	
Date Needed	
Address	
City, State, Zip	
Telephone Number	
Contact Person	
Areas your organization serves ( <i>cities, counties, etc.</i> )	
Is your organization a 501(c) (3) organization <i>(please include IRS exemption letter with request or list tax exempt number)</i>	
Does your organization serve low to moderate income people in our community? <i>(If yes please estimate what percentage.)</i>	

Please describe your request and list the amount you'd like to receive.....

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Does the organization have a current account relationship with the bank?  Yes  No

If yes, what type of account(s)?  Checking  Savings  Money Market  Loan  Certificate of Deposit

Investments  Insurance  Trust Services  Other \_\_\_\_\_

Has the bank received this request in the past?  Yes  No

If yes, approximately when was the last time and what amount was given? \_\_\_\_\_  
*(Please provide a copy of the previous year's ad if applicable)*

What are the benefits to the individual or organization if this gift or donation is approved?

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What are the benefits to the bank if this gift or donation is approved?

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What are the benefits to our community if this gift or donation is approved?

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Please indicate which category best describes the use for this request

Health & Human Services  Education  Arts & Culture  Recreation & Tourism

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Signature Date  
*Please return your complete application to Jennifer Wilson, Lincoln Savings Bank, 242 Tower Park Drive, Waterloo, IA 50701 or Fax: 319-232-6526 or your local LSB Branch Location.*

For Internal Use Only.....

Last time bank received request: \_\_\_\_\_ Is this an annual request:  Yes  No

How much was approved in prior years: \_\_\_\_\_

Additional Notes or comments

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Approved:  Yes  No Amount Approved: \_\_\_\_\_

Approval by: \_\_\_\_\_