



Return completed application to:
Attn. Marketing
PO Box 1111
Evansville, IN 47706

REQUEST FOR GIFT OR DONATION	
Organization Name	
Address	
City, State, Zip	
Telephone Number	
Contact Person(s)	
Federal ID#	

Please describe your request:

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

If yes, what type of account(s)? _____

Has the bank received this request in the past? If yes, when? _____

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

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

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

Donation requests are evaluated and distributed on a case by case basis. A donation request does not guarantee a gift of monetary value to your organization.