

Donation Request Form

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| Name of Organization: | | | |
| Check Payable to: | | | |
| Contact Name: | Contact Phone: | Email: | |
| Address: | City, State, Zip: | | |

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|--|--|
| Bank Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what type of account(s)? <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Money Market <input type="checkbox"/> CD <input type="checkbox"/> Other _____ |
| Has this request been made in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, approximately when was the last time? _____ | |

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| Details of Request | |
| Amount or type of donation requested: | Date Donation Needed By: <i>Minimum of 3 weeks from date presented.</i> |
| Brief description of the request: <i>Including estimated people to be helped and how the donation will be used.</i> | |
| What are the benefits to the individual or organization if this request is approved? | |
| What are the benefits to our community if this request is approved? | |
| Signature: | Date: |

Please return your completed application to:
 First National Bank of Milaca, Attention Traci, PO Box 38 Milaca, MN 56353
 or email it to traci.otten@fnbmilaca.com