



Charitable Contribution Application

For requests of \$250 & above for 501 (c)(3) non-profit organizations

Please Note: Requesting organization must reside in the state of Wisconsin. Bank Five Nine's name cannot be printed on tickets for sale to win something (e.g. raffle or games of chance tickets; event entry tickets are acceptable)

General Information

Name of organization:

Project name:

Requested amount:

Name of requestor:

Requestor's phone and/or email:

Organization Information

Will the funds requested today be used exclusively for helping low to moderate income individuals or families?

If so, how?

Does your organization serve low to moderate income individuals or families in your area?

If so, how?

Does your organization have a Board of Directors?

If so, list names and their affiliations here:

Tax-exempt ID number (required):

Street address:

City:

State: WI

ZIP:

Mailing address (if different from above):

Address:

City:

State: WI

ZIP:

Geographical area served:

Project Information

Project summary:

Explain the specific use of the requested funds:

Start date of project:

End date of project:

Date funds are needed:

Will donors be recognized for their contribution?

If so, how?

Payment Information

Check should be made payable to:

Address check should be sent to:

Address:

City:

State: WI

ZIP:

Name:

Title:

Signature: _____ **Date:** _____

Please attach any additional documentation or information for consideration, and submit to marketing@bankfivenine.com

If this form is not completed in its entirety, it will be returned to the requestor for completion.