CITIZENS BANK

CHARITABLE CONTRIBUTION APPLICATION

See the Citizens Bank's Charitable Giving Program guidelines to review program categories and exclusions prior to completing and submitting application. Submit application and supporting documentation as requested to MARKETINGDEPT@CITIZENBANK.BANK or to the address listed below at least 4-6 weeks in advance for review of submission.

	I. General I	NFORMA	ATION			
Name of Organization				EIN/Tax ID#		
Mailing Address				Phone Numb	oer	
City, State, Zip				Website		·
Contact Name	Contact Phone, if different			Contact Email		
	II. Organiza	TION DE	ETAILS			
Organization's Mission or Purpose Statement						
Brief description of services provided including geogr	raphic area and income level	of those se	rved			
Do you receive state or federal funding?						□ No
	III. EVENT/PROGR	RAM INF	ORMATIO	N		
Event Category □ Education and Youth Initiatives □ Health and Human Services □ Civic and Cultural □ Community & Economic Development			Supporting Documents Required W-9 Form IRS Letter of Determination Event Flyer Sponsorship Request Letter			
Description of Event – include date, location, and how	w funds raised will be utilize	ed (who will	benefit)			
Name of person(s) affiliated with Citizens Bank (emp	loyee, customer, director, st	ockholder), i	f applicable:			
MAIL COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:	OFFICE USE ONLY					
Citizens Bank						
Attn: Community Relations Director P.O. Box 223 Mukwonago, WL 53149	Date Received	Approved	Y/N	Amount		Check Number