

Date: \_\_\_\_\_

## Public Relations and Donation Request Application

Name of Organization:					
Address:	City:	State:	Zip:		
Contact Name:	Phone:				
FSB employee:	Branch:	Extension:			
501 C-3 Status Yes: No:					
Amount Requested:					
Please choose one:□One-time Request□Annual Request Briefly describe the project/event including date:					
Who will benefit from this request and how will the funds be used?					
What do you feel is the importance of the project/event to the local community?					
Has the organization previously requested funds from Fi	rst State Bank?□Yes□No				
If "Yes", provide dates and amounts.					
Is the organization a First State Bank Customer? [Yes]	]No				
If "Yes", please indicate type of account(s) and aggregate	e balance(s).				
Has the organization requested funds from any other so	urce for this same purpose?	]Yes 🗌 No			
If "Yes", please identify them and amount committed:					

For internal use:		
Location/Department	Manager Approval	W-9
Review Date	Amount Approved	Declined (X)