



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 First 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 balance(s).

Has the organization requested funds from any other source 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) _____