

**Donation Request Form**



Date of Request \_\_\_\_\_

Name of Organization \_\_\_\_\_ Tax ID # \_\_\_\_\_

Contact Person & Title \_\_\_\_\_ Phone and/or Email \_\_\_\_\_

Address \_\_\_\_\_

Briefly describe your organization's mission \_\_\_\_\_

**Is Your Organization?**

- A 501(c) 3 organization (non-profit)?       Yes       No
- A local chapter of a national charity?       Yes       No
- A customer of FISB?       Yes       No

**Request Information**

Desired Donation Amount \_\_\_\_\_ Has FISB Donated Before? \_\_\_\_\_

Date the donation is needed \_\_\_\_\_ Payable to \_\_\_\_\_

Reason for the request and/or who will benefit from it \_\_\_\_\_

Are any bank employees a part of this organization? (names) \_\_\_\_\_

If a donation is requested for an event, what type of advertising are you planning to promote this event?  
\_\_\_\_\_

May we post about the event on Social Media? Yes / No

**Please submit this form via mail, e-mail or in-person at least 5 days prior to the date needed to:**

Mail: First Iowa State Bank, PO Box 130, Keosauqua, IA 52565

E-Mail: [ap@1stiowa.com](mailto:ap@1stiowa.com)

Personal delivery can be made at any of our 3 locations.

<b>Donation Request Approval</b>
Date _____
Employee _____
Amount _____