



Donation Request Form

If your organization would like to be considered for donations or sponsorships, please fill out this form completely and have a representative of the organization sign and date it.

Please submit your completed form along with a w-9 for the organization to **marketing@fcbutah.com**. We will review and follow up with a decision.

Organization Name:

Tax ID / EIN:

Organization Type:

For-Profit

Non-Profit

Municipality/Government

Organization Address:

City:

State:

Zip:

Phone Number:

Email Address:

Contact Name:

Contact Title:

If your organization has a formal Mission Statement, list it below:

Briefly describe below the programs/services offered by your organization:

Donation Amount Requested:

Date Needed By:

How will the funds be used (included specifics):

If any of the proceeds are being used for costs of a fund-raising event such as tickets, advertising, food, venue, etc., please specify the amount and what it pays for:

Amount:

What it pays for:

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What is the total number of people who will benefit from the donation? *(i.e. the total unduplicated number of clients or customers you served either in your last fiscal year-end, or that will directly benefit from this specific donation)*

What is the percentage of the number of those people that are considered low-to-moderate income?
(Those earning less than 80% of the Area Median Income- see table below)

County: Area Median Income: 80%=

Do you currently Bank with First Community Bank? **Yes** **No**

If yes, please provide your account number:

Organization Representative Signature: **Date:**

Please have a representative of the organization sign and date. Submit your completed form to marketing@fcbutah.com. Thank you!