

## Contribution Application

Date		Dollar Amount Requested \$	
Name of Organization			
Address			
City, State, Zip			
Contact Person			
Phone Number	Fax Number	E-mail	

### For Requests Under \$500

Please provide a brief description of how the funds will be used \_\_\_\_\_

- Does the organization have a current account relationship at Greenfield Savings Bank?  Yes  No
- Has this request been submitted in the past?  Yes  No If yes, what year? \_\_\_\_\_
- Does the organization receive funding from the United Way?  Yes  No
- Please list the benefits of this donation:
  1. For the organization \_\_\_\_\_
  2. For the bank \_\_\_\_\_

### For Requests Over \$500

Please complete the information in the first box and return it with the following documentation to the address at the top of this form. Applications should be submitted at least two months in advance. Requests are reviewed on a monthly basis.

1. *IRS letter confirming non-profit status.*
2. *Mission Statement and brief history of organization.*
3. *Current list of your Board of Directors and senior officers.*
4. *Summary of your current banking relationships (e.g. checking, savings, loans, CDs, financial services, etc.) Note which are with Greenfield Savings Bank. (You need not identify other banks if you do not wish to do so.)*
5. *Description of the constituency you serve (number served, income levels, geographic dispersion, and targeted ages of beneficiaries.*
6. *Detailed explanation of how the funds will be used.*
7. *Overview of the promotional benefits to Greenfield Savings Bank.*
8. *Percent of your budget this donation will represent.*
9. *Percent of budget provided by the United Way of Franklin County.*
10. *Extent of funding from local credit unions or other banks. Please specify percentage from each.*

How would you classify your request? Please check one.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Social Services & Families in Need | <input type="checkbox"/> Arts & Culture                     | <input type="checkbox"/> Elderly Services & support |
| <input type="checkbox"/> Community Development              | <input type="checkbox"/> School, Youth & Education Programs | <input type="checkbox"/> Other _____                |

**For ad specifications, please complete the Advertising Request form and submit with your Contribution Application.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Bank use only      Approval: Y   N   For \$ \_\_\_\_\_ or Gift \_\_\_\_\_  
 Authorized by: \_\_\_\_\_ Date \_\_\_\_\_