



## CHARITABLE CONTRIBUTION APPLICATION

See the Citizens Bank's Charitable Giving Program guidelines to review program categories and exclusions prior to completing and submitting application. Attachments may be included, but not used in lieu of completed application – do not use "See Attached" in fields below. Submit application and supporting documentation as requested to [MARKETINGDEPT@CITIZENSBANKWI.bank](mailto:MARKETINGDEPT@CITIZENSBANKWI.bank) or to the address listed below at least 4-6 weeks in advance for review of submission.

### I. GENERAL INFORMATION

Name of Organization \_\_\_\_\_

EIN/Tax ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Website \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone, if different \_\_\_\_\_

Contact Email \_\_\_\_\_

### II. ORGANIZATION DETAILS

Organization's Mission or Purpose Statement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brief description of services provided including geographic area and income level of those served

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you receive state or federal funding?  Yes  No

Do you receive United Way funding?  Yes  No

### III. EVENT/PROGRAM INFORMATION

#### Event Category

- Education and Youth Initiatives     Health and Human Services
- Civic and Cultural     Community & Economic Development

#### Supporting Documents Required

- W-9 Form     IRS Letter of Determination
- Event Flyer     Sponsorship Request Letter

Description of Event – include date, location, and how funds raised will be utilized (who will benefit)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person(s) affiliated with Citizens Bank (employee, customer, director, stockholder), if applicable: \_\_\_\_\_

MAIL COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

Citizens Bank  
 Attn: Community Relations Director  
 P.O. Box 223  
 Mukwonago, WI 53149

#### OFFICE USE ONLY

\_\_\_\_\_

Date Received

\_\_\_\_\_

Approved Y/N

\_\_\_\_\_

Amount

\_\_\_\_\_

Check Number