

**Donation/Sponsorship Request Form**

Today’s Date:  Date Funds Needed:  Amount of Request:

Name of Organization:

Tax ID Number of Organization:

Physical Address:

Mailing Address (if different):

Name/Title of Person Making Request:

Contact Phone #:       Contact Email:

For what purpose will the funds be used:

Is this organization a 501-c(3) Not for Profit Agency       Yes       No

Is this donation tax deductible?       Yes       No

Does the organization bank with First State Bank?       Yes       No

Will our donation be acknowledged in any way?       Yes       No

*(I.E. banners at an event. Logo on t-shirts, program listings, thank you ads, etc)*

* Please attach advertising specifications to this request.

What percentage of low-to-moderate income individuals/families are served by your organization?      %

* If above **50%**, please provide a separate letter with the following information included:

      Your organization’s Mission Statement

      Your organization’s web address (if applicable)

       The total number of individuals served by your organization

       The number of low-to-moderate income individuals/families served by your organization

       How do you qualify those individuals/families as low-to-moderate income

 *(I.E. TANF eligible, students on free/reduced lunch programs, Medicaid eligibility, etc.)*

Please submit this application, along with a completed IRS Form W-9 in one of the following ways:

* **Email** to: ashley.gill@fsbwy.com
* **Drop** off at your local branch
* **Mail** to: First State Bank Donation Committee

 PO Box 39

 Wheatland, WY 82201

