



# DONATION APPLICATION

1. Name of Person Soliciting Donation: \_\_\_\_\_

2. Organization: \_\_\_\_\_

3. Persons relationship with organization: \_\_\_\_\_

4. Please describe your request: \_\_\_\_\_  
\_\_\_\_\_

5. Amount Requested: \_\_\_\_\_

6. Is this a one-time donation?: \_\_\_\_\_

7. Estimate the number of people that this donation will impact: \_\_\_\_\_

8. Does the organization provide community services primarily for low or moderate income individuals? Yes: \_\_\_\_\_ No: \_\_\_\_\_

9. Where does your entity keep funds on deposit?: \_\_\_\_\_

Organization's Tax ID Number: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

*Please allow 10 business days for processing. A committee will review your request, and if it is approved, a check will be issued. We may request a photo of our donation. By filling out this application, you are giving consent for the photo to be published on our website and social media outlets.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
CUSB Bank Approval

\_\_\_\_\_  
Code