



Request for Charitable Contribution, Sponsorship or Donation

Organization Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Copy of 501(c) (3) tax certification or any other tax exempt status **must be attached** if you are non-profit.

Contact at Organization: _____

Address (if different than above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check Payable to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contribution/Donation Information

Program Overview (description of organization; current programs offered and objectives):

Geographic area served by organization: _____

Demographic of clients being served (age, income, gender, etc.): _____

What is being requested? (Specify dollar amount or item): _____

Specifically, how will it be used? _____

What percentage of the amount requested will be used to support low to moderate income individuals or families? _____%

Does the organization have an account relationship with Clinton Savings Bank? YES NO

If yes, what is the name on the account: _____

If the organization currently does not do business with Clinton Savings Bank, is there potential for you to develop a business relationship as a result of this donation? YES NO

For new organizations that have not requested donations from Clinton Savings Bank in the past, a brief history of the organization and the area it will benefit is required on the organization's letterhead.

Any other information that will assist the Donation Committee's decision to contribute to this organization will be helpful.

For advertisements, yearbooks, programs, booklets, etc., the following information must be included or attached to request:

- Sponsorship levels;
- Dimensions of ad space;
- Black & White or Color;
- Preferred file format of logo or ad;
- Email address or contact info to send ad or logo

Date contribution is requested for: _____

Please note - a minimum of four weeks prior to the deadline is needed to evaluate and process incoming requests. You will receive a response regarding your request by phone, mail or email.

Please return completed application and any attachments to:

Clinton Savings Bank
Marketing Department
200 Church Street
Clinton, MA 01510

Or by email to: marketing@clintonsavings.com

Please do not include any bank account information such as account numbers or balance in your inquiry.

If you have any questions, please contact the Marketing Department at 888-744-4272 (4CSB).

Name of Requestor: _____ Submission Date: _____