

**Charitable Organization Request Form**  
*Fields marked with \* are required*



TRADITIONS BANK

Organization name\* \_\_\_\_\_

Organization website \_\_\_\_\_ 501(c)(3) Tax ID number\* \_\_\_\_\_

Name of Requestor\* \_\_\_\_\_  
*First Last*

Requestor's involvement in Organization \_\_\_\_\_

Organization contact  
*(If different than Requestor)* \_\_\_\_\_  
*First Last*

Address\* \_\_\_\_\_  
*Street Address City State Zip Code*

Phone \_\_\_\_\_ Email\* \_\_\_\_\_

Event Title/ Date/ Location:  
*(If applicable)* \_\_\_\_\_

**Nature of request\*:**  
*More than one can be selected; indicate type of request and provide relevant information*

Sponsorship Level:  Cost:

\$ Donation Amount:

Giveaways Estimated Value:  How Many:

Item(s):

Ad Ad Size (WxH):  Color or B&W:  Cost:  File Format Requested:

Buy Ticket(s) Price per Ticket:

Approx. # of clients the Organization serves: \_\_\_\_\_

What is the Requestor's relationship with the Bank?\* \_\_\_\_\_

What is the Organization's relationship with the Bank?\* \_\_\_\_\_

Do you have a contact at the Bank? \_\_\_\_\_

*Please type Associate's name. If none, type: N/A*

**Choose the option that best aligns with the Organization's mission or focus\*:**

Education and Youth

Arts and Culture

Economic Development

Health and Human Services