

## DONATION/SPONSORSHIP REQUEST

We proudly support community and charitable 501(c)(3) organizations that align with the Bank's giving focus.

Please complete this application, include any supporting materials (advertising/marketing opportunities) and return the form to:

Northwestern Bank | Attn: Amanda Parkinson 202 North Bridge Street P.O. Box 49 Chippewa Falls, WI 54729

Date:		Is this organization a registered	d 501(c)(3)? Yes No	
Organization/Event Name:				
Requestor's Name:				
Affiliation of Requestor to Orga	nization/Event:			
E-Mail Address:		Phone Number:		
Please Check All That Apply:	Customer of the Bank Other:	Bank Employee	Community Member	
	IF FINANCIAL DONATIO	N REQUEST ONLY, SKIP TO SECT	ION B	
Section A - Non-Financial		Promotional Items (F	Promotional Items (Pens, ect.):	
Silent Auction Donation:		Other:	Other:	
	IF NON-FINANCIAL DONA	TION REQUEST ONLY, SKIP TO SE	CTION C	
Section B - Financial				
Amount of Request: \$		Date Request is needed by:		
Describe how the financial done	ation will be used:			
Section C - Donation Processin	]			
Check Made Payable To:				
MAIL CHECK TO Address:				
City:	State:		p Code:	

Describe Advertising/Marketing affiliated with this request: