



**DONATION REQUEST**

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Does your organization have a current banking relationship with Keen Bank?  Y  N

Is your organization a 501c3\*?  Y  N Tax ID Number \_\_\_\_\_

**Please Note:** Organizations must have a 501(c)(3) tax-exempt status as designated by the Internal Revenue Service and must provide a completed W-9 to Keen Bank. This form may be obtained at [www.irs.gov](http://www.irs.gov).

What is the primary mission of your organization? \_\_\_\_\_

Amount Requested \_\_\_\_\_ Date when funds are needed \_\_\_\_\_

If approved, how will the donated funds be used? \_\_\_\_\_

Will Keen Bank receive recognition for this donation?  Y  N

If yes, please describe \_\_\_\_\_

If approved, make the check payable to \_\_\_\_\_

How do you want to receive the funds?  Pick up  Mail to address listed below

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Solicitor's name \_\_\_\_\_

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

What is your relationship with the organization? \_\_\_\_\_

Do you a current banking relationship with Keen Bank?  Y  N

If you have a Keen Bank employee affiliation, please note this here \_\_\_\_\_

**FOR BANK USE ONLY**

Approved amount \_\_\_\_\_ Officer \_\_\_\_\_ Date \_\_\_\_\_

Check number \_\_\_\_\_  Mailed  Other

Donation  Contribution