

Donation Request Form

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Website _____ 501c3 status? ☐ Yes ☐ No

Does your organization bank with Keen Bank? ☐ Yes ☐ No

***Please Note:** Organizations must provide a completed W-9 to Keen Bank. This form may be obtained at www.irs.gov.

☐ My organization has already provided a W-9 ☐ I am including a W-9 with this donation request

Describe Your Organization _____

Donation Amount Requested _____ Donation Needed By (date) _____

If approved, how will the funds be used? _____

How many individuals would be impacted? _____

Will Keen Bank receive recognition? ☐ Yes ☐ No

If Yes, what type of recognition will Keen Bank receive? _____

If funds are given, who should the check be made payable to? _____

☐ Pick Up Check ☐ Mail Check (list mailing address below)

Mailing Address _____

City _____ State _____ Zip _____

Solicitor's Name _____

Address _____

Phone _____

What is your relationship to the organization? ☐ Volunteer ☐ Employee ☐ Other _____

Do you bank with Keen Bank? ☐ Yes ☐ No

Do you have a Keen Bank employee affiliation? ☐ Yes ☐ No If yes, who? _____

FOR BANK USE ONLY

Date _____

Approved Amount _____ Check Number _____ Officer _____

☐ Mailed Check ☐ Other, please note _____

☐ Donation ☐ Contributions ☐ Customer Relations