

Charitable Contribution Request Form



Thank you for giving Skowhegan Savings the opportunity to support you in helping strengthen our communities. Please complete this form in its entirety and submit it to Karen Hart, AVP & Marketing Director of Skowhegan Savings by September 30, 2010. You will receive notice regarding your Charitable Contribution Request within 30 days of the deadline date.

APPLICANT INFORMATION	
Name	
Mailing Address	
Physical Address (if applicable)	
City, State, Zip	
Phone Number	
Email Address	
Contact Person	
Amount of Request	

NATURE & PURPOSE OF ORGANIZATION*

* Please note that Skowhegan Savings' Charitable Contributions Policy prohibits contributions to Religious organizations, Political Candidates or Campaigns, Labor Organizations, for Profit Organizations, or single person beneficiaries.

DESCRIPTION
Please provide a brief description of your funding request including the region and number of people served. Include the extent that the funding targets financial literacy, economic development and/or economically disadvantaged people.

BUDGET
Please indicate the total budget for project to be funded and the amount requested of Skowhegan Savings.

MARKETING
Please list promotional materials and/or media opportunities surrounding your program or event for which the Bank would be named.