

DONATION / SPONSORSHIP REQUEST FORM

Today's Date	: Dat	e Funds Needed:	Am	ount of Request:
Name of Org	anization:			
Tax ID No. of	Organization:			
Physical Addr	ress:			
Mailing Addre	ess (if different):			
Name/Title of Person Making Request:				
Contact Phone #: Contact Email:				
For what purp	bose will the funds be u	sed? Reasons to supp	oort this effort?	
Is this organize	ation a 501(c)(3) Not fo	or Profit organization:	🗆 Yes	🗆 No
Does the organization bank with First Bank of Montana? 🛛 Yes 🗖 No				
(I.E. bo	tion be acknowledged anners at an event, log ase attach advertising	o on t-shirts, program	listings, thank yo	
 If abo ✓ ✓ ✓ ✓ ✓ 	ve 50%, please provide Your organization's N Your organization's w Supporting documer <i>(I.E. flyers, etc.</i> The number of individ The number of low-to past 12 months How you qualify thos	e a separate letter with Aission Statement Yeb address or Facebo Intation for the organizo Juals served by your or p-moderate income inco e individuals/families a	n the following in bok page (if app ation/fundraiser/ ganization in the dividuals/families as low-to-moderc	licable) event e past 12 months s served by your organization in the
Submit this ap	oplication, along with t	he completed <u>IRS Forn</u>	<u>n W-9</u> in one of t	he following ways:
• Emai	Off at your local bran il to <u>fbmcra@1stbmt.cc</u>	<u>om</u>	Attn: PO B Lewis	Bank of Montana Community Development ox 540 Stown, MT 59457
LEWISTOWN	BIG SANDY CHESTER C	HINOOK CHOTEAU CON	NRAD FAIRFIELD	FORT BENTON PLENTYWOOD VAUGHN



