

# Donation Request Form

Requested: \_\_\_\_\_

Must be completed for requests \$250 and above. Incomplete forms will not be considered for donations and may be returned for completion. A Banklowa Representative will contact you regarding the bank's decision. **Response Needed By:** \_\_\_\_\_

**Organization/ Event** \_\_\_\_\_

Main Office Address\* \_\_\_\_\_

Main Office Phone\* \_\_\_\_\_

Website\* \_\_\_\_\_

Mission Statement/  
Event Description\* \_\_\_\_\_

**Contact** \_\_\_\_\_

Phone\* \_\_\_\_\_

Email\* \_\_\_\_\_

**Bank Relationships** \_\_\_\_\_

Do you or your organization have an account or loan with Banklowa?\*

**Organization**

**Primary Contact**

**Both**

**Neither**

**Request** \_\_\_\_\_

What is the donation for?\*

Address of event or beneficiaries\*

**Black Hawk County**

**Buchanan County**

**Benton County**

**Linn County**

**Other**

**Target Purpose** \_\_\_\_\_ % of donation directly to target purpose\*:

Who will benefit from this donation?\*

Are there income guidelines for those who benefit from the donation? If so, what are they?\*

Check if primary purpose\* Support low/moderate income geographic areas or federally declared disaster areas

Affordable housing

Create/ maintain low income jobs

Services target low/moderate income persons

**Signature/ Title** \_\_\_\_\_

\*Required

# Banklowa Fill Section

Geocoding\*

## FFIEC Geocoding System

Use the address listed under *REQUEST* for geocoding and report results here\*:  
(may have to change the year to previous year if current year is unavailable.)

**LOW**

**MODERATE**

**MIDDLE**

**HIGH**

Approval\*

Date approved:

**Officer submitting this form**

**Approved by**

**Approving Officer Signature:** (if applicable)

**Pre-approved donation.**

**New Donation over \$100 approved - accounting please pay.**

**Need committee approval and accounting to pay.**

Check Payable\*

Amount of Investment

Items Donated

Term of Investment

Dollar Value of items

General Ledger #\*

Center Code(s)\* (if split, enter all centers applicable)

Delivery Method\*

Mail to (address)

Courier to

Will be presented by

Pick up at/by

Other

Documentation/CRA

CRA Credit:

**Yes**

**No**

Explain why this donation is or is not CRA eligible

Initials

Date

**Please attach Geocoding and any additional support documentation to this request form. Forward to Laura Mueller.**

\*Required