CUSB Bank

DONATION APPLICATION

1. Name of Person Soliciting Donation: _____

2. Organization: _____

3. Persons relationship with organization: _____

4. Please describe your request: _____

   _____

5. Amount Requested: _____

6. Is this a one-time donation?: _____

7. Estimate the number of people that this donation will impact: _____

8. Does the organization provide community services
   primarily for low or moderate income individuals?   Yes: _____   No: _____

9. Where does your entity keep funds on deposit?: _____

Organization's Tax ID Number: _____

Make check payable to: _____

Address: _____

City: _____

State: _____   Zip: _____   Phone No.: _____

Please allow 10 business days for processing. A committee will review your request, and if it is approved, a check will be issued. We may request a photo of our donation. By filling out this application, you are giving consent for the photo to be published on our website and social media outlets.

_____   _____
Date   Signature

_____   _____
CUSB Bank Approval   *Code*