



## DONATION OR SPONSORSHIP REQUEST

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Tax ID Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name of event (if applicable)

\_\_\_\_\_  
Date of event (if applicable)

Description of Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the benefits to the community, organization, or cause if the donation is made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization or individual have an account relationship at Anderson State Bank?

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Has Anderson State Bank donated or sponsored to this cause in the past? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_