

Donation Request Form

Park State Bank receives hundreds of requests to support charitable purposes of all types. Therefore, due to the overwhelming number of requests, we have set up the following guidelines. While we cannot honor every request we do carefully consider each. We thank you for taking the time to review and follow them.

Please review the following guidelines to determine if your organization qualifies:

1. Donation requests are reviewed on a monthly basis throughout the year at the end of each month. In order for us to process the requests, we ask that ALL requests be treated in the same manner. All donations given to fundraising organizations in the previous year must resubmit a request.
2. All requests must be submitted in writing on organization's letterhead and / or on the Donation / Gift Request form provided by Park State Bank. ***All requests must be received at least 4 weeks prior to the event. If requesting a donation over \$500 we ask that the request be received at least 6 weeks prior to the event. No exceptions.***
3. All request **must** include the following information:
 - Formal request letter on the non-profit organization's official letterhead or on the Donation / Gift Request form provided by Park State Bank
 - Organization's mission statement and/or one-page brochure
 - Organization's website if applicable
 - Organizations 9 digit federal tax-exempt ID number
 - Event date and location
 - Type of fundraising event and/or program
 - How the event benefits the community, the organization and the bank
 - Does the organization and/or event have an account with the bank
 - Is the organization a 501(c) 3 non-profit, if not a 501(c) 3 non-profit please list what other types of fundraising will be done for the event / and or program.
4. Only one donation request per year per charity without a 501(c)3 non-profit status

Giving Opportunities

Monetary Donation or Sponsorship

Park State Bank makes contributions to local, community based 501(c) 3 non-profit organizations conducting charitable work to benefit the communities we serve. Monetary donations are provided based on the guidelines set forth.

In-Kind Donations

Park State Bank makes in-kind donations of merchandise or logo items for non-profit events. A minimum of four week's advanced noticed is required to process in-kinds.

Volunteers

While we're proud to be able to support our local community organizations financially, we believe that in order to make a community really shine, nothing less than a little elbow grease will do. Our volunteer program allows our employees to give their time and talents.

Limitations

Park State Bank does not make contributions to support certain types of organizations, activities, or purposes. These include, but are not limited to the following:

- Programs of national scope that do not specifically benefit our market area
- International organizations
- Fraternal, veteran, or alumni organizations outside our market area
- Social Groups
- Political Organizations
- Campaign causes or candidates
- Religious purposes
- Environmental Causes
- **Individuals seeking donations for personal expenses in which they participate in a charity event (benefit walks/runs/bike tours, benefit dinners, camps, and so forth).**
- Individuals seeking donations for sponsorships for race and/or stock cars, snowmobiles and so forth.

Please also include in your request any public exposure donators will receive, such as program listings, newspaper or TV coverage and so forth.

We thank you again for taking the time to follow these guidelines.

Request for Gift or Donation

| | | |
|---|-------------------|----|
| Name of Organization: | | |
| Address: | | |
| City, State, Zip: | | |
| Geographic region funds will be used (zip, city, county, etc.): | | |
| Telephone Number: | | |
| Contact Person: | | |
| Individual or Federal Tax ID Number: | Amount Requested: | \$ |

Please describe your request:

- ▶ Does the organization have a current account relationship with the bank? Yes No
- ▶ Has the bank received this request in the past? Yes No

If yes, approximately when was the last time? _____

- ▶ Is this a 501(c)3 Non-Profit Organization? Yes No
- ▶ Is this Organization supported by the United Way? Yes No
- ▶ Will the donation be used to provide services to Low-to-Moderate income individuals? Check all that apply.

| | |
|---|---|
| <input type="checkbox"/> Drug and alcohol prevention counseling | <input type="checkbox"/> Affordable housing and/or guidance |
| <input type="checkbox"/> Mental health counseling services | <input type="checkbox"/> Medical assistance and/or financial counseling |
| <input type="checkbox"/> Food and/or clothing/energy assistance | <input type="checkbox"/> Youth activities or educational programs |
| <input type="checkbox"/> Domestic abuse prevention services | <input type="checkbox"/> Financial services counseling and guidance |
| <input type="checkbox"/> Other: click here to enter text. | |

▶ What percentage of the organization's clientele is on some type of public assistance? click here to enter text.

- Medicaid
- HUD subsidy
- Elderly Waiver
- Food Stamps / WIC / SNAP
- Other government or program assistance _____

▶ Date of the event _____ ▶ Funds Needed By _____

X

Signature of Requester _____ **Date** _____

| | |
|----------------------|--------------------|
| For Bank Use Only | |
| Date Approved: _____ | Approved By: _____ |