



# Donation

## Request Form

Banterra supports many organizations and takes great pride in being part of community activities, but understandably, Banterra cannot support all requests. We encourage you to submit your request at least six weeks prior to the event.

Organization \_\_\_\_\_ Organization Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Website \_\_\_\_\_

Contact \_\_\_\_\_ Contact Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Is your organization non-profit?  Yes  No Tax ID # \_\_\_\_\_

Is your organization a Banterra customer?  Yes  No W-9:  On file  Attached

Has Banterra donated to this organization in the past?  Yes  No When? \_\_\_\_\_ Amount? \_\_\_\_\_

Type of donation requested:  Monetary Donation  Item(s) Donation  Both

Item(s) requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Amount requested: \$  Payable to: \_\_\_\_\_

Briefly describe how the donation will be used: \_\_\_\_\_

How will Banterra be recognized for the donation: \_\_\_\_\_

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

***Below account information to be provided by an organization representative:***

Depository Name: \_\_\_\_\_  Checking  Savings

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account # \_\_\_\_\_

Branch: \_\_\_\_\_ Routing/ABA # \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*The information obtained will be used for Banterra Bank to initiate credit entries to the account indicated above. Please attach completed form to an original request or event flyer and return to any Banterra Bank location.*

*Below information for internal use only.*

Branch Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

BCM: \_\_\_\_\_

Branch #: \_\_\_\_\_ Account # \_\_\_\_\_

Amount Approved: \$  Approved By: \_\_\_\_\_ Date: \_\_\_\_\_