

Donation Request Form

Name of Organization:			
Check Payable to:			
Contact Name:	Contact Phone:	Email:	
Address:	City, State, Zip:		

Bank Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of account(s)? <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Money Market <input type="checkbox"/> CD <input type="checkbox"/> Other _____
Has this request been made in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, approximately when was the last time? _____	

Details of Request	
Amount or type of donation requested:	Date Donation Needed By: <i>Minimum of 3 weeks from date presented.</i>
Brief description of the request: <i>Including estimated people to be helped and how the donation will be used.</i>	
What are the benefits to the individual or organization if this request is approved?	
What are the benefits to our community if this request is approved?	
Signature:	Date:

Please return your completed application to:
 First National Bank of Milaca, Attention Traci, PO Box 38 Milaca, MN 56353