

Community Support Request Form - Page 1

Name of Organization or Individual:	Date:
Contact Person:	
Mailing Address:	
Phone Number:	
Is your organization 501.c3?	* if yes, please provide proof of 501.c3 status and tax ID#
Briefly describe the program or objectives of t	the organization for which you are requesting support.
What type of support are you requesting?	
☐ Volunteer ☐ Financial ☐ Ma	arketing Facility for Bake Sale
If requesting financial support, how much are you requesting and how will the funds be used?	
What community/individual(s) benefit from this	is program?
How does the community benefit from this org	ganization or project?



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What percentage of individuals that benefit from your program are in a low to moderate income bracket (\$0 - \$35,920/yr)?
What is your support/fundraising goal?
What efforts have been made to accomplish your support/fundraising goal?
What other sources of support or funding have you received toward your program/initiative?
What is your support/fundraising deadline?
Describe any recognition provided for contributions received.

Thank you for your request!

Please submit completed form to any Centinel Bank location, mail, fax (575) 758-6708 or e-mail to: lmondragon@centinelbank.com