



Donation & Sponsorship Request Form

AMOUNT REQUESTED _____ DATE _____

NAME OF ORGANIZATION _____

CONTACT PERSON _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Incorporated as a Michigan Non-profit organization? Yes _____ No _____

Are Citizens National Bank employees involved in your organization? Yes _____ No _____

If yes, please list: _____

Describe how the funds will be used (please be specific) _____

If we choose to move forward with this donation/sponsorship, who will CNB be paying? _____

How will CNB be recognized for its support of your organization? _____

Does your organization bank with CNB? Yes _____ No _____ If not, where does your organization currently bank? _____

How much are they currently contributing to your organization? _____

Email this form to:
Samantha Gould
Director of Marketing & Community Relations
Citizens National Bank
goulds@cnbismybank.com

Internal use only:

- Donation
- Sponsorship
- Advertisement

Decision:

- Approved
- Denied

Amount:

Reason: