

Donation & Sponsorship Request Form

Date
Name of Organization
Contact person
Address
City State Zip
Phone Email
Is your organization incorporated as a Michigan Non-profit Organization? Yes No
What does your organization do?
How does your organization benefit the local community?
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?



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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?		
Amount requested:		
Please provide additional details here or as an em	ail attachment:	
Send this form to: Samantha Gould, Director of Marketing & Commu Citizens National Bank	nity Relations	
goulds@cnbismybank.com P.O. Box 10, Cheboygan, MI 49721		
Internal use only: Donation Sponsorship Advertisement	Decision: Approved Denied	
Amount:	Decision by:	
Reason:		