

Donation Request Form



100 N. Main Street, Cuba City, WI 53807 • (608) 744-2125 • www.americanbankwi.com

Request Information

In order for American Bank to provide a decision with your donation request, this form must be completed and signed by someone within the organization making the request. Incomplete forms will not be considered for donations or may be returned for completion.

Date of Request _____ Date Request Needed By (require at least a 15-day notice) _____

Name of Organization or Event _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ Phone _____ Website _____

Purpose of funding needs _____

Does the organization bank with American Bank? Yes, Deposit Yes, Loan No

Please describe your request:

Has the Bank received this request in the past? Yes No

Please Answer the Following Questions:

What is the dollar amount you are requesting \$ _____ What percentage of this donation will go directly to the cause? _____

If applicable, please mark the box if the primary purpose of this request will benefit:

- Affordable housing primarily benefiting low to moderate-income individuals
- Community services primarily benefiting low to moderate-income individuals or areas
- Activities that revitalize or stabilize low to moderate-income geographies by: _____
- Donation help a federally declared disaster area by: _____
- Other: The requested donation will be used for: _____

What are the income guidelines used by your organization for low to moderate income? \$ _____

This must be completed if any of the top three boxes above are checked. Information will remain confidential and will only be used by American Bank for documentation of American Bank's efforts to meet Federal Regulatory requirements under Community Reinvestment Act (CRA).

Where does the donation benefit? Select the area(s) that this investment benefits. Check all that apply:

- Grant County
- Lafayette County
- Other: _____

Signature

Date

Please submit completed application to any American Bank location or email to info@americanbankwi.com.

For Internal Use Only:

Branch Number _____ Approved: Yes No By: _____ Date _____ \$ _____ or Merchandise Description _____

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