

Donation Request Form

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Website _____ 501c3 status? Yes No

Does your organization bank with Keen Bank? Yes No

***Please Note:** Organizations must provide a completed W-9 to Keen Bank. This form may be obtained at www.irs.gov.

My organization has already provided a W-9 I am including a W-9 with this donation request

Describe Your Organization _____

Donation Amount Requested _____ Donation Needed By (date) _____

If approved, how will the funds be used? _____

How many individuals would be impacted? _____

Will Keen Bank receive recognition? Yes No

If Yes, what type of recognition will Keen Bank receive? _____

If funds are given, who should the check be made payable to? _____

Pick Up Check Mail Check (list mailing address below)

Mailing Address _____

City _____ State _____ Zip _____

Solicitor's Name _____

Address _____

Phone _____

What is your relationship to the organization? Volunteer Employee Other _____

Do you bank with Keen Bank? Yes No

Do you have a Keen Bank employee affiliation? Yes No If yes, who? _____

FOR BANK USE ONLY

Date _____

Approved Amount _____ Check Number _____ Officer _____

Mailed Check Other, please note _____

Donation Contributions Customer Relations