



Submit to:
State Bank of Lizton Marketing Department
P.O. Box 708
Brownsburg, IN 46112
or fax to (317) 858-6133

Donation Request Form

SBL welcomes the opportunity to assist non-profit organizations in the communities in which it serves. However, SBL does require organizations and/or individuals requesting support in the form of a monetary donation or an item donation complete a Donation Request Form. It is recommended that requests be submitted at least 30 days in advance to allow time for proper consideration. Completion and submittal of this form does NOT in any way guarantee that a request will be approved. Incomplete forms will automatically be denied.

Date of Request: \_\_\_\_\_ Individual Making Request: \_\_\_\_\_
Organization: \_\_\_\_\_
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Website: \_\_\_\_\_

- 1. Is this a 501(c)(3) non-profit organization? Yes No
If yes and an IRS designation letter has been issued, please attach a copy to Request Form.
2. Is this donation tax deductible? Yes No
3. What is the organization's primary mission?
4. Amount requested: \$ \_\_\_\_\_ Date funds needed by: \_\_\_\_\_
5. Will your organization accept an item donation in lieu of a monetary donation, if applicable? Yes No
6. Detailed description of how funds will be used:
7. How does this organization or this event help low to moderate income groups within Hendricks and Boone counties?
8. If there is an event or activity associated with this request, where will it take place?
9. Will there be any advertisement or promotions in which SBL will be recognized as a donor or sponsor in the event a donation is made? Yes No
10. Are you or the organization you are representing a customer of SBL? Yes No

\*Please attach any additional information, brochures, fliers, etc. that you would like to submit in support of your donation request.

Signature of individual making request: \_\_\_\_\_

For Internal Use Only

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_
Date forwarded to Marketing: \_\_\_\_\_ Approved/Denied: \_\_\_\_\_ Initials: \_\_\_\_\_
CRA review by: \_\_\_\_\_
CRA eligible: Yes No