



HolcombBank

Donation Request Form

Please tell us about your organization:

Organization Name : _____ Date of Request: _____

Requested By: _____ Title: _____

Address of Organization: _____

Phone: _____ Fax: _____ Email: _____

Officers of Organization:

President: _____ Vice-President: _____

Treasurer: _____ Secretary: _____

Board of Directors: _____

Brief History of the Organization: _____

Are any Bank Employees part of this organization?: _____ If so, please list: _____

Please tell us about your event:

Date of Event: _____ Date donation is needed by: _____

Who will the donation benefit?: _____

What percentage of the donation will go directly to the beneficiaries? _____

To the best of your knowledge, has Holcomb Bank previously donated to this organization? _____

If yes, please provide details: _____

Does the organization have any current banking relationships with us? _____

If yes, please describe: _____

What recognition will the bank receive for our donation?: _____

What documentation will the bank receive as proof of our donation?: _____

Please attach any information and submit this form to Beth Nelson (bnelson@holcomb.bank), to any customer service representative in any location or via mail to Attn: Beth Nelson – Donation Request, PO Box 355, Rochelle, IL 61068.

Please note we cannot guarantee any donation request will be reviewed if the request is submitted within 30 days of the donation needed by date.