



GLACIER BANKSM

DONATION/SPONSORSHIP REQUEST FORM

Today's Date: _____ Date Funds Needed: _____ Amount of Request: _____

Name of Organization: _____

Tax ID Number of Organization: _____

Physical Address: _____

Mailing Address (if different): _____

Name/Title of Person Making Request: _____

Contact Phone #: _____ Contact Email: _____

For what purpose will the funds be used?

Is this organization a 501-c(3) Not For Profit Agency? Yes No

Does the organization bank with Glacier Bank? Yes No

Will our donation be acknowledged in any way? Yes No

(i.e. banners at the event, logo on t-shirts, program listings, thank you ads, etc.)

- Please attach advertising specifications to this request.

What percentage of low-to-moderate income individuals/families are served by your organization? _____%

- If above 50%, please provide a separate letter with the following information included:

- Your organization's Mission Statement
- Your organization's web address (if applicable)
- The total number of people served by your organization in the past 12 months
- The number of low-to-moderate income individuals/families served by your organization in the past 12 months
- How do you qualify those individuals/families as low-to-moderate income
(i.e. TANF eligible, students on free/reduced lunch program, Medicaid eligibility, etc.)

Please submit this application, along with a completed IRS Form W-9 and other applicable documentation in one of the following ways:

- Email: community@glacierbank.com
- Drop off: At your local branch
- Mail: Glacier Bank - Donations
PO Box 27
Kalispell, MT 59903