GLACIER BANK℠

DONATION/SPONSORSHIP REQUEST FORM

Today's Date: _____ Date Funds Needed: _____ Amount Requested: $_____

Name of Organization: _____

Tax ID/EIN of Organization: _____ County Where Funds Will Be Used: _____

Physical Address of Organization: _____

Mailing Address (if different): _____

Is this organization a: 501-c(3) Non-profit ☐ For-Profit ☐ Municipality ☐

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 instruction specifications to this request if applicable.

Name/Title of Person Making Request: _____

Contact Phone #: _____ Contact Email: _____

Organization Web Address: _____

Organization Formal Mission Statement: _____

Briefly describe the programs and services that are provided by this organization: _____

_____

For what purpose will the funds be used? _____

Please indicate if any portion of this donation would result in benefits to the Bank, such as meals, advertising, tickets, event space, or other fundraising expenses. If applicable, specify the amount and type of benefit received.

Dollar amount of benefit: $_____ For which type of benefit: _____

What is the total, unique number of individuals who received services during the most recent fiscal year, or who will directly benefit from this donation: _____ (recent fiscal year) OR _____(specifically from this donation)

Of the above number, what percentage are low-to-moderate income individuals/families? _____%

If above 50%, please indicate how income is identified:

☐ Anyone earning below $72,800 (This is calculated by using 80% of $91,000 which is the 2026 Median Family Income for Flathead, Lake, and Lincoln Counties)

OR

☐ Other income-eligible services for which your clients qualify i.e. TANF, SNAP, Medicaid, Food Bank clients, or Free and Reduced lunch eligibility. Please elaborate: _____

Signature: _____

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

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

Bank Internal:

Confirmation of bank relationship by: _____

EQUAL HOUSING LENDER Member FDIC