



# GLACIER BANK<sup>SM</sup>

## 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