



MEMBER
FDIC

Please return form to your nearest Glacier Bank office.



COMMUNITY FINANCIAL SUPPORT REQUEST FORM

Glacier Bank asks all organizations requesting financial support to complete this short questionnaire. If possible, your request should be submitted one month in advance for proper consideration. Completion of this form does NOT guarantee that Glacier Bank will be able to fulfill the request. If you have any difficulties completing the form, please contact your nearest Glacier Bank office for assistance.

Date: _____ Person Making Request: _____

Organization Name: _____

Physical Address: _____ City, State, ZIP Code: _____

Mailing Address: _____ City, State, ZIP Code: _____

Contact Method: phone, fax e-mail, cell etc.: _____

Website address: _____

Mission Statement if available: _____

Is this organization a member of United Way? _____ YES _____ NO

Amount Requested: \$ _____ Total Project Amount: \$ _____

Date Needed: _____

Detailed description of the use of the funds: _____

Does this event or this organization target low-to-moderate income groups? _____ YES _____ NO

How does this event or this organization help our community? _____

When and where will the activity take place? _____

Will there be opportunities for advertisements or promotions of Glacier Bank? _____ YES _____ NO

Does your organization have an existing relationship with Glacier Bank? Please explain in detail. _____

Are any Glacier Bank employees participating in your event or organization or have they participated in the past? Please list. _____

Other comments: _____

Please attach a copy of your 501(c)3 determination letter.

Please submit a signed W-9.

Please sign: _____

Date: _____

Please provide printed name, the best phone number and time to reach you in the event we have questions regarding your request: _____

For questions or assistance completing this form, please contact your nearest Glacier Bank office.