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Toll Free: 888-342-3738 • www.americanstatebank.com

DONATION REQUEST

Organization: _____

People Requesting: _____

Date of Event: _____

Description of Event: _____

What will money/profits be used for: _____

Who will benefit directly from this donation/contribution?: _____

Schools _____ Churches _____ Community _____

An Individual _____

Will American State Bank be recognized in newspapers/ads or during the event? _____

Is this an annual _____ or one time _____ event?

What are other like businesses contributing? _____

Contact Information: Name _____ Phone: _____

Make check payable to: _____

Mailing Address _____

For bank use only:

Does this donation contribute to our CRA performance evaluation? _____

Bank Employee receiving request _____

Approved _____ Denied _____ Amount _____

Signature _____ Date _____