



DONATION REQUEST FORM

PLEASE MAIL OR EMAIL COMPLETED APPLICATION TO:

MAIL

IRV MITCHELL
WILSON STATE BANK
565 S FOSSIL RUSSELL,
KS 67665

EMAIL

irvm@wilsonstatebank.net

WE APPRECIATE YOUR REQUEST FOR A DONATION FROM WILSON STATE BANK. PLEASE COMPLETE THIS FORM AND MAIL OR EMAIL TO ONE OF THE ABOVE ADDRESSES.

DATE: _____ NAME OF ORGANIZATION: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

ADDRESS: _____

EMAIL ADDRESS: _____

USE OF DONATION: _____

INFORMATION ABOUT FUNDRAISER/EVENT/PROMOTION THE DONATION IS NEEDED FOR: _____

SIZE OF FUNDRAISER/EVENT/PROMOTION: _____

DATE OF EVENT: _____

HOW WILL WILSON STATE BANK BE RECOGNIZED AT YOUR FUNDRAISER/EVENT/PROMOTION: _____

TYPE OF DONATION REQUESTED (CHECK ONE)

MONETARY: _____

OTHER: _____

DATE RESPONSE NEEDED: _____

CHECK PAYABLE TO: _____

MAILING ADDRESS: _____

Thank you for your information. Request for donations will be reviewed and you will be notified of the decision

OFFICE USE ONLY

APPROVED
NOT APPROVED

DONATED ITEM/AMOUNT: _____
REASON: _____

WILSON STATE BANK AUTHORIZED SIGNATURE: _____

DATE: _____