



# Lincoln Savings Bank

## Request for Gift or Donation

Organization Name \_\_\_\_\_ Submission Date \_\_\_\_\_

Program Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Needed: \_\_\_\_\_ Areas organization serves (cities, counties, etc) \_\_\_\_\_

Is your organization a 501(c)3 organization? (Please include IRS exemption letter with request and list tax exempt number) \_\_\_\_\_ Registration Date \_\_\_\_\_

Does your organization serve low to moderate income people? (If yes please estimate what percentage.) \_\_\_\_\_

Amount of Funding Request \$ \_\_\_\_\_

Please describe your request: \_\_\_\_\_

Does the organization currently bank with LSB? Yes No

If yes, what type of account(s)?

Investments Insurance Trust Services Other \_\_\_\_\_

Has LSB provided funds in previous years? Yes No

If yes, approximately when was the last time and what amount was given? (please provide a copy of the previous year's request, if possible)

What are the benefits to the individual or organization if this gift or donation is approved?

What are the benefits to the bank if this gift or donation is approved?

What are the benefits to our community if this gift or donation is approved?

Please indicate which category best describes the use for this request.

- Health & Human Services  Youth & Education  Arts & Culture  Community Development

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed application to Ashley.Ungs@mylsb.com



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For Internal Use Only...

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Last time bank received request: \_\_\_\_\_

How much was approved in prior years: \_\_\_\_\_

Additional notes or comments:

Approved:      Yes                      No                                      Amount Approved: \_\_\_\_\_

Approval by: \_\_\_\_\_

**Please send application form and proposals to:**

Lincoln Savings Bank Marketing Department  
Attn: Ashley Ungs  
3254 Kimball Ave.  
Waterloo, IA 50702