

UnionBank

Member FDIC

Charitable Gift Request Form for amounts over \$500.00

Due to the volume and varied nature of contribution requests we receive, your completion of this form will greatly help us in considering your request.

Please note that Union Bank will only make donations to non-profit organizations, and will not honor requests from individuals.

Please tell us about your organization

Organization Name: _____

Name and Title of Individual Completing Form: _____

Executive Director or Board President: _____

Address (Street/City/State/Zip): _____

Phone Number: _____

Website Address: _____

Fax Number: _____

Email Address: _____

Have you received support from us in the past?	Yes	No	
Are you a 501(c)3 organization?	Yes	No	If no, Union Bank cannot consider request
Are you a local chapter of a national charity?	Yes	No	If yes, Union Bank may not consider request
Are you a customer of Union Bank?	Yes	No	

Mission Statement of your Organization: _____

Tell us about your activities:

Healthcare and human service programs _____
Education _____
Job development _____
Housing _____
Programs for at-risk youth or low to moderate income
individuals and families _____
Performing arts and cultural activities _____
Environmental and preservation programs _____
Other : _____

Geographic region(s) served:

Chittenden County _____
Lamoille County _____
Orleans County _____
Washington County _____
Caledonia County _____
Coos County _____
Grafton County _____
Statewide (Vermont) _____

Please list any Union Bank employees or directors who volunteer for your organization: _____

Tell us about the requested donation

Name and description of the program or project for which you are requesting funding: _____

Amount
of Request: \$ _____

Number of
People Served: _____

Age Group (youth, seniors, etc.)
Served: _____

Annual Budget of your
Organization: \$ _____

% of Total Expense Used for
Program Activities: _____ %

% of Donation Used to Directly
Benefit Organization: _____ %

List other organizations with which you are collaborating on this program or project: _____

How will your organization measure success for this program or project? _____

How will Union Bank be recognized for this donation? _____

Key Dates:

Date of event/program: _____ Date by which funds need to be received: _____

Date by which artwork, logo or banner needs to be received: _____

We will not consider your application without the following items. Please do not include marketing materials. Note that we may request further information in support of your request.

All Donations:

- Proof of 501(c)3 classification from IRS
- List of Board of Directors or Trustees

Donations of 500 and up (in addition to the above):

- Projected budget for program or project, showing sources of funding and expenses

Donations of 1,000 and up (in addition to the above):

- Income Statement and Balance Sheet for most recent year

Signature - Name

Date

Please send your completed application to:

Union Bank, Attn: Charitable Gift Requests, P.O. Box 667, Morrisville, VT 05661. Phone: (802) 888-6600

FOR OFFICE USE ONLY:

Date Received: _____

Approved? Yes No

Date of Decision: _____

Amount Approved/Initials: _____

Date Letter Sent: _____