

# 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: \_\_\_\_\_