

Donation & Sponsorship Request Form

Date			
Name of organization			
Event name, if applicable			
Contact person			
Address			
City			
Phone	Email		
ls your organization incorporated			
What does your organization do	?		
How does your organization ben			
Are Citizens National Bank empl		_	
Describe how the funds will be u	sed (please be spec	ific):	
If we choose to move forward wi	th this donation/spor	nsorship, who will CNB	be paying?
How will CNB be recognized for	its support of your o	rganization?	

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Does your organization bank with CNB? Yes	_ No		
If not, where does your organization currently bank?			
How much are they currently contributing to your o	rganization?		
Amount requested:			
Why are you requesting this amount?			
If this request is for an event, when and where is the	ne event?		
Response deadline, if applicable:			
Please provide additional details here or as an ema	ail attachment:		
Send this form to: Samantha Gould, Director of Marketing & Commur Citizens National Bank goulds@cnbismybank.com P.O. Box 10, Cheboygan, MI 49721	nity Relations		
Internal use only: Donation Sponsorship Advertisement Amount: Reason:	Decision: Approved Denied Decision by: Notes for AP:		

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