

Donation & Sponsorship Request Form

Please fill out this form digitally using a PDF form filler; do not answer via comments as they do not read properly once submitted. Or print it out, fill it out by hand, and scan or take a photo of both sides to submit.

Date		
Name of organization		
Event name, if applicable		
Contact person		
Address		
City		
Phone Email		
Please note that your organization needs a mailing address to receive p	•	
Is your organization incorporated as a Michigan Non-profit C	rganization? Yes	No
What does your organization do?		
How does your organization benefit the local community?		
Are Citizens National Bank employees involved in your orga	nization? Yes	
If yes, please list: Describe how the funds will be used (please be specific):		
If we choose to move forward with this donation/sponsorship	o, who will CNB be	e paying?

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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 organization?		
Amount requested: Note: You must request an amount or an amount r cial for your organization. We may, however, choos		
Why are you requesting this amount?		
If this request is for an event, when and where is the event?		
Response deadline, if applicable:		
Please provide additional details here or as an ema	ail attachment:	
Send this form to goulds@cnbismybank.com and keenem@cnbismybank.com for your request to be considered.		
Internal use only: Donation Sponsorship Advertisement Amount: Reason:	Decision: Approved Denied Decision by: Notes for AP:	

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