



Donation Request Form

For requests greater than \$100

AMOUNT REQUESTED _____ DATE _____

NAME OF ORGANIZATION _____

CONTACT PERSON _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Incorporated as a Michigan Non-profit organization Yes _____ No _____

Are Citizens National Bank employees involved in your organization? Yes _____ No _____

If yes, please list _____

Describe how the funds will be used (please be specific) _____

How will CNB be recognized for its support of your organization? _____

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? _____

Mail or Fax this form to:
Nancy Lindsay, AVP Marketing
Citizens National Bank
PO Box 10
Cheboygan, MI 49721
FAX: 231-627-7283