

## Donation Request Form

The focus of MCT's charitable giving activities will be to invest in local programs, organizations and initiatives that contribute to the strength and vitality of the communities we serve. MCT will consider providing support for causes involved in education, youth programs, emergency services, health-care initiatives, services for the elderly, programs for homeless or low-to moderate income families and neighborhoods, people with disabilities, cultural arts and affordable housing. All programs/organizations must provide support within our market area.

MCT **will not** support individuals, religious entities (except for support of charitable or scholarship programs), beauty pageants, for-profit organizations, political organizations or candidates, employment unions, organizations that provide support predominantly outside of our market area, or organizations raising funds primarily for their administrative budget.

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ e-mail: \_\_\_\_\_

1. Describe your organization (mission/focus):

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2. Is organization non-profit? Yes  No  501(c)3?  501(c)3 number: \_\_\_\_\_

4. Please describe your request (including any event dates and ad sizes):

Cash donation  Program advertisement  Golf Foursome  Other

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5. Benefiting party/organization (if different from above): \_\_\_\_\_

6. How will our donation benefit your organization and/or the community?

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Amount requested: \_\_\_\_\_ Date funds are needed by: \_\_\_\_\_

Check made payable to: \_\_\_\_\_

As part of our Charitable Giving Policy, we request someone from your organization be present at an MCT Office to collect any donation and pose for a publicity photograph with a member of the bank staff. Please provide the name and phone number of the person who can represent your company:

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Date Signature of person requesting donation