



What do you see?

Charitable Donation Request Form

Tell Us About Your Organization

Organization Name: _____

Address (Street/City/State/Zip): _____

Phone Number: _____ Fax Number: _____

Website Address: _____ Email Address: _____

Tax Identification Number _____

Name and Title of Contact Person: _____

Address (Street/City/State/Zip): _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Is the organization:

- A 501(c)3 organization? Yes No (If no, Dean Bank cannot consider request)
- A local chapter of a national charity? Yes No
- A customer of Dean Bank? Yes No

Mission Statement of the Organization: _____

Organization's Activities Focus On:

- Youth athletics and development
- Religious services
- 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 _____

FOR OFFICE USE ONLY:
Date Received: _____
Date Approved/Declined: _____
Amount Approved/Initials: _____
Date Letter Sent: _____

List any Dean Bank employees who volunteer for the organization.

Please Tell Us About the Requested Donation

Name and brief description of the program or project for which you are requesting funding and how the community will benefit from it:

Amount
of request: _____

of people
directly benefiting: _____

Age group (youth, seniors, etc.)
served: _____

Amount of annual
budget: _____

% of \$ received going towards
fundraising & administrative costs: _____

% of \$ received going towards
program beneficiaries: _____

Will Dean Bank be recognized for this donation? If so, how?

Key Information:

Date of event/program: _____

Date by which funds need to be received: _____

Date by which artwork, logo or banner needs to be received: _____

Where to send or e-mail artwork, logo or banner to? _____

Your application will not be considered without the following items:

- Copy of 501(c)3 classification from IRS
- Projected budget for program or project, showing sources of funding and expenses

**Please allow Dean Bank at least two weeks to process your request.
If approved, you will receive your funding check by mail, unless
requested otherwise.**

Please send request to:

Dean Bank
Attn: Michael Carroll
Marketing & Communications Manager
P.O. Box 307
Franklin, MA 02038

E-mail: mcarroll@deanbank.com or fax to (508) 541-5687

Signature of Applicant

Date