



Donation

Request Form

Banterra supports many organizations and takes great pride in being part of community actives, but understandably, Banterra cannot support all requests. We encourage you to submit your request at least six weeks prior to the event.

Organization _____ Organization Address _____

City _____ State _____ Zip _____ Website _____

Contact _____ Contact Phone _____ E-mail _____

Is your organization non-profit? Yes No Tax ID # _____

Is your organization a Banterra customer? Yes No W-9: On file Attached

Has Banterra donated to this organization in the past? Yes No When? _____ Amount? _____

Type of donation requested: Monetary Donation Item(s) Donation Both

Item(s) requested: _____ Date Needed: _____

Amount requested: \$ Payable to: _____

Briefly describe how the donation will be used: _____

How will Banterra be recognized for the donation: _____

Additional Comments: _____

Below account information to be provided by an organization representative:

Depository Name: _____ Checking Savings

City: _____ State: _____ Zip: _____ Account # _____

Branch: _____ Routing/ABA # _____

Phone: _____ Email: _____

The information obtained will be used for Banterra Bank to initiate credit entries to the account indicated above. Please attach completed form to an original request or event flyer and return to any Banterra Bank location.

Below information for internal use only.

Branch Name: _____ Date Submitted: _____

BCM: _____

Branch #: _____ Account # _____

Amount Approved: \$ Approved By: _____ Date: _____