



Sponsorship Request Form

Banterra is committed to returning dollars and resources to the local communities we serve. Therefore, we support many organizations and take great pride in being part of community activities alongside our friends and neighbors, but understandably, Banterra cannot support all requests. Several areas are considered when determining our sponsorship involvement, including value of brand exposure and support to the community. We encourage you to submit your requests at least six weeks prior to the event for consideration.

Contact Information

_____		_____		_____	
Event Name		Event Location		Website	
_____			_____		
Organization			Organization Address		
_____		_____	_____	_____	
City		State	Zip	Website	
_____		_____		_____	
Contact		Contact Phone		E-mail	

Sponsorship Event/Opportunity

_____	_____	_____
Event Date	Estimated Event Attendance	Demographic Information

Please briefly describe event:

Specific request from Banterra:

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? _____

Estimated value of the sponsorship exposure: \$ Sponsorship Cost: \$

How will our branch be promoted? Mark all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio | <input type="checkbox"/> Other - Please explain _____ |
| <input type="checkbox"/> Print | <input type="checkbox"/> Event Signage | _____ |
| <input type="checkbox"/> Ad Size _____ | <input type="checkbox"/> Silent Auction | _____ |
| <input type="checkbox"/> Logo Inclusion Only | <input type="checkbox"/> Online | _____ |

Other benefits provided to Banterra as a sponsor (i.e. tables, tickets, etc.): _____

Other companies involved and level of involvement: _____	Other banks sponsoring this event: _____
_____	_____
_____	_____

Does this event support community development and if so, how? _____

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: _____