Donation Requirements

DONATION REQUEST FORM

www.slvfed.bank

1) Provide benefits to customers of the Bank. Request Date: 2) Enhance economic development and job creation. Date Needed: 3) Improve San Luis Valley community welfare. 4) Enhance public relations for the Bank. Dollar Amount Requested: _____ 5) Attract new customers to the Bank. Member of SLVFED: Yes _____ No ____ Account Number(s): Individual Soliciting: Name of Organization or Project: Mailing Address: Phone Number(s): Email: How does the event benefit the community? How will these funds be used? How will the organization recognize the Bank for its contribution? Primary source(s) of funding: Type of Organization: Profit ______ Non-Profit _____ Tax-Exempt ID#: _____ Enterprise Zone: Yes _____ No_____ Signature: _____ *Please return completed form to Jamilia Ruybal - Marketing Associate: marketing@slvfed.bank For office use only ALAMOSA LOCATIONS 401 Edison Ave. Date Received: Date sent to Accounting: Date Funds Sent: 3415 Mariposa Ave. MONTE VISTA LOCATION \$: ______ By: _____ Approved/Denied 330 Solar Ave. Discussed with Marketing Committee GL: **Branches:** (719) 589-6653

Notes: