Second National Bank asks that all organizations requesting donations/support complete this form. We ask that your request be submitted 2 weeks in advance for consideration. Completion of this form does not guarantee that we will be able to fulfill your request. Please print or type.

Thank you for filling out this form. Please submit it to any Second National Bank office, or mail to: Second National Bank, Attn: Vickie Wessling, 499 South Broadway, Greenville, Ohio 45331.

Date: ____________ Date funds are needed: ______________

Organization: ________________________________________________________________

Address: ___________________________________________________________________

City: ___________________________ State: _______________ Zip: ______________

Amount Requested: $ ________ Total Project Cost: $ _________ Range of Donations: $________

Request Details: □ General Donation/Money □ Door Prize □ Other Describe ____________________________

Is your organization a 501(c)(3) nonprofit agency? Yes No
(Is if yes, please provide a copy of the IRS determination letter)

Is your organization a customer of Second National Bank? Yes No

If no, who is your bank? __________________________

Are any of SNB’s associates affiliated with this effort? Yes No

If yes, who? __________________________________

Is this a one-time donation request? Yes No

If not, explain: ______________________________________________________________________

What is your organization’s primary purpose or mission and who benefits from this? ______________________

Briefly summarize the program or project for which you are requesting a donation: ____________________________

Will there be any advertisement and/or promotion featuring Second National Bank? Yes No

If yes, please provide details: __________________________________________________________________

Name and Phone Number of person to contact for more information:

Name: ______________________ Phone: __________________ E-Mail: ______________

Send Payment to: _____________________________________________

Name

Address State Zip

Oct/2013