CLEAR LAKE BANK AND TRUST COMPANYSponsorship/Donation Request Form



Our sponsorship/donation committee meets monthly. Requests must be made a minimum of six weeks prior to your event. We will contact you if your request has been approved.

We wish your fund-raising efforts the very best!

Name of your organize	zation			_
Address	City	State	eZip	
Contact person/title_				
	E-mail			
Purpose of organizat	ion & fundraising objective			
Amount of request	Fundraising p	project goal		
Date of this request _	Date funds need	ed		
Annual budget				
How much of total bu	ndget is obtained through fundra	sing?		
What percentage of o	dollars raised goes to overhead	expenses?		
What is the total loca	I membership of your organization	on?		
Is this an annual eve	nt/fund-raising project?			
Number of fund-raising	ng projects per year by your orga	anization (please list):	
Do members of your	organization patronize our busir	ess? Who?		
Are employees of ou	r business involved in your orga	nization? Who?		
Will the bank receive	recognition for donating this gift	? If so, please descr	ribe:	
	m <u>AND a current W-9</u> to any of ou T be considered without both of t		Trust offices.	
325 St	ain Avenue, Clear Lake IA 50428 ate Street, Garner, IA 50438 ffany Drive or 100 East State Street	, Mason City, IA 5040	1	
	For inter	nal use only		
Date reviewed:	Committee assigned:	Donations	Sponsorships	Branch
Amount approved:	Disapprov	ad/rasson:		