

# UNIBANK

## Charitable Contribution Request Form

PLEASE FILL OUT THIS APPLICATION FORM COMPLETELY

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Does United Way fund your organization? ☐ Yes ☐ No

Are you a customer of UniBank? ☐ Yes ☐ No

Has the applicant received 501(C)(3) tax exempt status?

☐ Yes ☐ No

(If yes, please provide a copy of your organization's  
IRS tax exemption certificate.)

Do any UniBank employees volunteer for your organization? ☐ Yes ☐ No

If yes, please list:

Please provide a brief description of your organization's history:

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Geographic area served: \_\_\_\_\_

Age of population served (youth, seniors, etc.): \_\_\_\_\_

Percentage of the population served that is considered low income: \_\_\_\_\_ %

Number of people served annually: \_\_\_\_\_

Amount of funds requested: \$ \_\_\_\_\_

Check Payee: \_\_\_\_\_

Address for delivery if different from above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Briefly summarize the program for which you are requesting funds:

Date(s) of event/program (if applicable): \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Please email all requests to:  
[contributions@unibank.com](mailto:contributions@unibank.com)