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:

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): _____

Please email all requests to:
contributions@unibank.com