



REQUEST FOR GIFT OR DONATION

NAME OF ORGANIZATION

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

CONTACT PERSON

INDIVIDUAL OR FEDERAL TAX NUMBER

PLEASE DESCRIBE YOUR REQUEST

Does the organization have a current account relationship with the bank Yes No

If yes, what type of account(s) Checking Savings Certificate of Deposit Loan
Other _____

Has the bank received this request in the past? Yes No

If yes, approximately when was the last time? _____

What are the benefits to the individual or organization if this gift or donation is approved?

What are the benefits to the bank if this gift or donation is approved?

What are the benefits to the community if this gift or donation is approved?

Signature _____ Date _____

Printed Name: _____

Please return your completed application to any Peoples Bank location
 Indianola Carlisle Lacona Milo Pleasantville