



Charitable Donation Request Form

The mission of the Valliance Bank Charitable Giving Committee will be to identify non-profit organizations that contribute to the enrichment and growth in the very communities in which we do business. We will look to provide assistance to support those organizations in which our employees direct their efforts to better our communities. We will identify and support (both with our time and financially) community projects which will improve morale, teamwork and satisfaction among our employees. Finally we want to increase brand awareness for Valliance Bank to perpetuate a mutual benefit as well as its growth.

Requester Information (please print or type)

Name or Organization	
Billing address	
City, State, Zip Code	
Contact Name	
Telephone	
E-Mail	

What is your affiliation with the person or organization requesting the donation?

How are you personally involved? (volunteer, donor, etc) _____

Request Information

Is this donation request in association with a particular event? ____Yes ____ No

If so, give a description of the event (i.e. Name, Date, Time, Location, Number of People Attending, Event Purpose or Beneficiary, Amount hoped to be raised. Brochures or an information packet are encouraged)

What is your donation request? _____

How will this donation be used? _____

What is the deadline for receiving the donation? _____

Does the IRS classify requesting organization as a 501(c)(3) non-profit organization? ____Yes ____No

Has Valliance Bank contributed to the requesting organization in the past? ____ Yes ____ No

If so, describe and when?

How will sponsors be promoted to the media?

Deadline for inclusion in printed materials? _____

Logos needed (include format): _____

Please give additional comments, directions, or details we may need to know (including who or what in our community are affected and how):

Request Acknowledgement

The undersigned hereby certifies that a) the information in the application and supporting documents are correct to the best of his/her knowledge; and b) the Internal Revenue Service 501(c)(3) determination has not been revoked, cancelled, or modified; and c) funds will be used for the projects outlined in the application and agreed to by both parties.

Signature

Date

Along with this form, please include a brief description of the requesting organization (including its mission and leadership) and mail or fax to:

Valliance Bank Charitable Donation Committee 1601 NW Expressway, Oklahoma City OK 73118 Fax: 405/286-5799

Review Process: Each request is individually reviewed by the Charitable Donation Committee for eligibility. Please allow 30 days for the processing of request.

For VBank use:
Date Received _____ Date Approved/Declined _____ Amount/Item Approved _____ Date Approval Processed or Decline Letter Sent _____