

# Charitable Contribution, Gift and Donation Request Form

*All requests will be evaluated based on the information provided. Incomplete forms will not be considered*

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

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

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Support Desired: Donation/Sponsorship      Date Donation Needed: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

What is the purpose of the event? : \_\_\_\_\_

\_\_\_\_\_

How will the donation be used? : \_\_\_\_\_

\_\_\_\_\_

Please indicate other methods NSCB can assist your organization: \_\_\_\_\_

\_\_\_\_\_

If approved, we should make check payable to: \_\_\_\_\_

Are you or a member of your organization a customer at NSCB?\* Yes/No

If yes, please state name (s): \_\_\_\_\_

\* not required for consideration.

Request forms and supporting documents may be mailed or e-mailed to:

NorthSide Community Bank Charitable Foundation

Attn: Gloria Pagan

1155 Milwaukee Ave

Riverwoods, IL 60015

E-mail: [gloria.pagan@nscombank.com](mailto:gloria.pagan@nscombank.com)