



CHARITABLE DONATION REQUEST FORM

Date of Submission: _____

Organization: _____

Contact Person: _____

Address: _____

Email: _____

Phone: _____

Name of Event: _____

Event Date and/or Date Donation Needed: _____

Type of Donation Requested (monetary, auction/raffle item, etc.):

How will donation be used: _____

Our bank is committed to supporting causes affecting residents and organizations in the communities we serve. The above information will be used in considering your request. Preferential consideration is given to requests where the recipient is a local community organization, the donation will directly benefit a local resident or their family, or the donation will be spent locally. Completed forms can be dropped off or submitted by mail, fax, or email:

*First National Bank Osakis, Attn: Donation Requests
211-213 Central Ave, PO Box 580
Osakis, MN 56360
Email: customerservice@fnbosakis.net Fax: 320-859-3680*

Internal Use:

Date Request Received: _____ Approved/Denied (date & initials): _____

Donation/Notes: _____