



**Donation Request Form**

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**Instructions:**

All donation requests to AnchorBank must be accompanied by a completed Donation Request Form. Please review our mission and criteria before completing this application. Once you have completed the application, please mail it to:

AnchorBank  
Attn: Public Relations Manager  
25 W. Main St.  
Madison, WI 53703

Or fax your application and accompanying documents to: (608) 252-8842. All donation requests must be received at least 45 days in advance of your funding deadline.

**I. Contact Information (Please print or type)**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Organization Web Address: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Are you an AnchorBank customer?  Yes  No

## II. Donation Request & Organization Overview

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1. Amount Requested: \$ \_\_\_\_\_ (This is required)

2. Type of Request (check one):  Operating       Capital       Program/Project       Other

3. Briefly describe the program or project for which the organization seeks support.

4. Which of AnchorBank's funding priority areas does this request address?

Affordable Housing

Financial Education

Economic Development

None of the above

5. Has the organization received a grant from AnchorBank in the last three years?  Yes       No

If yes, please list dates and amounts.

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

6. Please list any AnchorBank employees involved in your organization and their roles.

7. Does the organization receive support from United Way?

Yes, \_\_\_\_\_% of budget       No

8. Please provide a brief overview of the organization:

9. Of the clients you serve, what percent are in the following income categories?

Do not track.	<input type="checkbox"/>
Less than 50% of area median income	%
Between 50% - 80% of area median income	%
Between 80% - 100% of area median income	%
More than 100% of area median income	%
Total	100%

**III. Project Information (Complete only for program, project or capital support)**

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1. What are the timelines for the project and for fundraising? \_\_\_\_\_

2. What is the budget for the program/project? \$ \_\_\_\_\_

3. How does this address a community need? Describe the community and how clients will benefit.

4. Please explain how you have measured or will measure the success of the program/project.

#### IV. Required Attachments for All Donation Applicants

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Please enclose one copy of each of the following items:

- 1. Cover letter
- 2. A copy of your current IRS determination letter indicating tax exempt 501(c)(3) status
- 3. Board of Directors list, including names, phone numbers and affiliations
- 4. Annual report, if available, or other material summarizing activities of the organization
- 5. A list of major corporate and foundation donors for the past two years

#### Authorization

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*The undersigned certifies that they are authorized to represent the organization applying for a donation and that the information contained in this application is accurate. The undersigned agrees that if a donation is awarded to the organization:*

- (1) The money will be used for the purpose outlined in the donation award letter and may not be expended for any other purpose without prior written approval from AnchorBank.*
- (2) Information about the organization and the grant may be used by AnchorBank in any published materials.*

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Signature of Executive Director or Board Chair

Date