



Please fax your request to:
(317) 831-5119

Donation Request Form

Date _____

Personal/Organization Information

Name of Organization
Address
City, ST, Zip
Email address
Contact Person

Please describe your Request

--

Additional information

Do you have a current relationship with Citizens Bank?	
Has Citizens received this request in the past?	
Previous Outcomes to this request	
Please list the benefits to the community, individual/organization and Citizens B ank	

For Bank Use Only:

Date Received	Approval	Value	Date Notified	Other