



Each year, Solutions Bank receives hundreds of requests for cash donations.

Unfortunately, not all requests can be honored. In an effort to help us learn about your organization, and make sure your request receives the attention it deserves, we ask that you take a few minutes to provide some essential information.

Please return this completed form (preferably at least 30 days before the funds are needed) to one of the following individuals:

Jolene Bohnsack, Solutions Bank, 996 W. Fairview Rd., Freeport, IL 61032 jbohnsack@solutions.bank

Ashley Deuth, Solutions Bank, 200 Main St., PO Box 278, Forreston, IL 61030 adeuth@solutions.bank

Robert Johns, Solutions Bank, 109 N. State St., PO Box 280, Poplar Grove, IL 61065 rjohns@solutions.bank

Kathy Sutherland, Solutions Bank, 1005 Cameron Drive, Durand, IL 61024 ksutherland@solutions.bank

Please attach an event flier or other printed information that will help us better understand your request. We will review your request and let you know our decision as soon as possible.

Your Organization's Name: _____

Contact Person: _____

Is this organization a 501c3 ? yes no

Does this organization have a W9 ? yes no ***If yes, please provide W9 with this form.*

Street address: _____ City: _____

St: ___ Zip: _____ Phone: _____ Email: _____

Amount Requested? \$ _____ Date donation needed: _____

Will you need a file for our logo or any other information: yes no

If file is required, what format type is needed (ex. JPEG, PNG, PDF)? _____

If file is required, what size is needed (artwork dimensions)? _____

When does artwork or logo need to be submitted by? _____

Please estimate how many local individuals your organization serves. _____

Briefly describe how this donation will be used to benefit your organization. _____

What are the benefits to our community if this donation is approved? _____

Will making this donation include advertising opportunities for Solutions Bank? If so, what are they?

Has your organization received donations from our bank in the past? Explain. _____

Other information that you believe will help us as we consider your request:

Submitted by: _____ Date _____