



**Independence**  
**BANK**

# Application for Donation

All clubs, organizations, and individuals requesting donations from Independence Bank must complete this form in order to be considered. Please return completed form in person to Karene Faber, Marketing Manager or mail to: Independence Bank, Attn: Karene Faber, 435 3<sup>rd</sup> Street, Havre, MT 59501. Email to: [karenea@ibyourbank.com](mailto:karenea@ibyourbank.com) Fax number - (406) 265-1244.  
**Please complete all of the information below before submitting your request.**

Group/Organization: \_\_\_\_\_

Physical Address \_\_\_\_\_

Date of Request: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Check made payable to:** \_\_\_\_\_

**Address check should be sent to:** \_\_\_\_\_

What will the requested funds be used for? \_\_\_\_\_

\_\_\_\_\_

What are you requesting? (i.e. cash donation or item request) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggested or requested funding amount is: \$ \_\_\_\_\_

or

Item requested? \_\_\_\_\_ Number needed? \_\_\_\_\_

Has your organization received funding from Independence Bank in the past for this activity?

Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Information or Comments?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please feel free to attach any additional information to this request. Thank you!