

Vender No	REQUEST FOR DONATION/SPONSORSHIP
Name of OrganizationPrimary Contact	Date of Request Title
Address	
City	State Zip
	Fax
	Website
Tax ID Number 501(c	c)3? If other type of non-profit, please list
events. Attach any supporting documentation or e	ect, including dates, times, locations and contact information for event flyer.
Amount requested \$ Check paya	able to: (if different from organization)
Has First Federal received this request in the past	? YES NO
If yes, approximately when was the last time?	Amount \$
Purpose of Organization and/or Donation Request	t (please check all that apply):
Youth Services Education & Financial Literacy	y Family & Health Community Development Community Arts
Laddation & Financial Elicitacy	Turning a reduction Community Development Community 7413
Will this benefit low/moderate income individuals?	YES NO
If yes, please explain activities that will benefit LMI	l:
Does the organization have a current account related	ationship with First Federal? YES NO
If yes, what type of account(s)? Checking S	Savings Money Market CD Loan Other
DISBURSEMENT INSTRU	CTIONS/APPROVAL BY FIRST FEDERAL
Check to	Cost Center
Reviewed	Requested By
Approved	Amount \$ Ta
Declined	ID # CRA Yes No
Please disburse payment via ACH Chec	ck