

In order for The Bank of Delmarva to provide a decision with your donation request, this form must be completed and signed by someone within the organization making the request. Incomplete forms will not be considered for donations or may be returned for completion. Approved donations will be mailed.

Date of Request: _____ Date Request Needed By (Requires At Least 30 Days Notice): _____

Name of Organization or Event: _____

Organization's Federal Tax ID #: _____

Organization's Main Office Address: _____

Organization's Main Phone #: _____ Primary Contact Person: _____

Does this Organization Already Bank with The Bank of Delmarva? Yes, Deposit Accounts Yes, Loans

No Deposit Accounts No Loans

Contact Name: _____ Contact Name's Phone #: _____

Contact Address: _____

Do you personally bank with The Bank of Delmarva? Yes No

Specific address of where these requested funds would be used if granted (street, city, state, zip code): _____

Organization's web address: _____

Purpose of funding needs: _____

If The Bank of Delmarva volunteers are being requested, please indicate how many, for what time, and for what purpose: _____

If you are requesting door prizes or goody bag items, please indicate how many items - or dollar value of items - you are requesting.

If approved, your items will be shipped (no P.O. boxes allowed). _____

Questions 1-5 (Must be completed)

1. What is the dollar amount you are requesting? _____

2. What percentage of this donation will go directly to the cause? _____

3. If applicable, please mark the box if the primary purpose of this request will benefit:

Affordable housing primarily benefiting low or moderate-income individuals

Community services primarily benefiting low or moderate-income individuals or geographical areas

Activities that revitalize or stabilize low or moderate-income geographies by: _____

Donation helps a federally declared disaster area by: _____

Other. The requested donation will be used for: _____

4. What are the income guidelines used by your organization for low or moderate income? (This MUST be completed IF any of the three boxes above are checked.) *This information will remain confidential and will only be used by The Bank of Delmarva for documentation of The Bank of Delmarva's efforts to meet Federal Regulatory requirements under the Community Reinvestment Act (CRA).* \$ _____

5. Where does this donation benefit? Select the area(s) that this investment benefits. Check all that apply.

Wicomico County Worcester County Sussex County Other: _____

By submitting this donation request form and signing below, I also grant The Bank of Delmarva permission to contact the organization or myself personally regarding our banking needs.

Request submitted by: _____ Date: _____
(Signature)

Print Name: _____

Title: _____