

## **Request for Gift or Donation**

Please attach any additional documentation. Allow 30 days from submission to receive a response. Return completed form to: WNB Financial, Attn: Jenny Baertsch, P.O. Box 499, Winona, MN 55987

Name of Organization			
Contact Person			
Address, City, State, Zip			
Telephone			
E-Mail			
Tax ID Number	<u> </u>		
Date of Request			
Date of Event			
Does your organization have	e an active banking relation	ship with WNB Financial?	YesNo
Has WNB received a reques	t from your organization in	the past?Yes (date	No
What is the general purpose	of your organization?		
What will the donated funds	be used for?		
-	• • •	organization in the following t	family income levels:
	(under \$41,800)	%	
	come (\$41,800 – \$66,880)	%	
<ul> <li>Middle Incon</li> </ul>	ne (\$66,880 – \$100,320)	%	
Upper Income	e (over \$100,320)	%	
Who is likely to benefit from	n the donation? Specifically	, what income levels will ben	efit most, and how?
Will WNB receive any recog	gnition for this donation? _	YesNo	
If yes, please describe:			