



WNB FINANCIAL

MORE THAN A BANK

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, 1506 Cole Court, Holmen, WI 54636

Name of Organization	
Contact Person	
Address, City, State, Zip	
Telephone	
E-Mail	
Tax ID Number	
Date of Request	
Date of Event	

Does your organization have an active banking relationship with WNB Financial? Yes No

Has WNB received a request 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? _____

Indicate the % of community members served by your organization in the following family income levels:

- Low Income (under \$45,400) _____%
- Moderate Income (\$45,400 – \$72,640) _____%
- Middle Income (\$72,640 – \$108,960) _____%
- Upper Income (over \$108,960) _____%

Who is likely to benefit from the donation? Specifically, what income levels will benefit most, and how?

Will WNB receive any recognition for this donation? Yes No

If yes, please describe: _____