



# 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, 1160 Blazing Star Blvd., Altoona, WI 54720

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 \$33,344) \_\_\_\_\_%
- Moderate Income (\$33,344 – \$53,350) \_\_\_\_\_%
- Middle Income (\$53,350 – \$80,025) \_\_\_\_\_%
- Upper Income (over \$80,025) \_\_\_\_\_%

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: \_\_\_\_\_

\_\_\_\_\_