## DONATION REQUEST FORM

IMPORTANT	INFORMATION

Ev	ent or Organization:			
Contact Person/Title:				
Ph	ysical Address:			
Ma	ailing Address:	-		
Phone Number:		Fax Number:		
	nail Address:	Website:		
	DETAILS O	F REQUEST	THE REAL PROPERTY OF	
1.	Amount/Sponsor Level Requested:	Funds needed by:		
2.	Detailed description of how funds will be used:			
3.	Who does this request benefit?			
4.	How does this request benefit your organization? _		_	
5.	Will there be any advertisement or promotions feature	ring First Northern Bank?	Yes 🗌 No 🗌	
	If so, please describe:		-	
6.	Is the requesting organization/individual a customer	of First Northern Bank?	Yes 🗌 No 🗌	
	If "yes," what relationship(s) do you have with us? _			
7.	Are any employees of First Northern Bank of Wyom	ing involved in the effort? Please	list	
8.	Has First Northern Bank of Wyoming participated in the past? In what way?			
9.	Signature of Person making request:			
tha tim Wy	st Norlhern Bank of Wyoming is locally owned and dedica at by providing these contributions, we develop and enrich e to complete this application; however completion of this yoming will be able to fulfill the request. We receive many quest very seriously and will give yours careful consideration	the community for everyone. We appr form does not guarantee that First No more requests than we can fulfill, how	reciate you taking the orlhern Bank of	
_		/15		
1000	<b>r Internal Use Only:</b> Approve $O$ Deny $O$ Amount of A			
Signed: Pay Immediately O Pay Next Billing Cycle 0			ay Next Billing Cycle U	
	First Northern Bank of Wyoming PO Box 400   141 S Main	Buffalo WV 82834 (307) 684-2211 Junno	v firstnorthern hank	



## **Community Reinvestment Act (CRA) Form for Donations**

To be completed by an organization representative to help First Northern Bank track what organizations we are donating to and to help us understand how these donations are helping serve organizations in our community:

Date:					
Name of Or	ganization:				
Physical Ad	dress (No P.O. Boxes):				
Contact Per	son Name & Title:				
Phone Num	ber:				
Email Addre	ess:				
	son Signature:				
Percentage	of clients served that are Low-Moderate Income (LMI):				
Primary Co	mmunity Development Purpose (check one):				
	Community Service – services targeted to LMI clients of nonprofit organizations.				
	Affordable Housing – providing housing for LMI individuals/families.				
	Revitalization/Stabilization – helps to revitalize or stabilize a LMI geography.				
	Economic Development – helps to meet the needs of small businesses.				
Organizatio	n's Mission Statement (may be attached):				
Donation Date:					
Amount of	Amount of donation/sponsorship:				
Amount of	donation/sponsorship:				
Please return the form to: First Northern Bank of Wyoming <u>Buffalo -</u> 141 S Main St, PO Box 400, Buffalo, WY 82834: <u>dapple@firstnorthern.bank</u>					
Douglas- 709 S 4 <sup>th</sup> St, Douglas, WY 82633: dramsey@firstnorthern.bank   Gillette - 200 S Kendrick Ave, Gillette, WY 82716: sgranat@firstnorthern.bank   Newcastle- 24 N Sumner Ave, Newcastle, WY 82701: dehlers@firstnorthern.bank   Sheridan - 29 N Gould St, Sheridan, WY 82801: ajensen@firstnorthern.bank, elegerski@firstnorthern.bank					
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