DONATION REQUEST FORM

M P O R T	ΑΝΤ	NFOR	ΜΑΤΙΟΝ

Ev	ent or Organization:			
Co	ntact Person/Title:			
Ph	ysical Address:			
Ma	illing Address:			
Ph	Phone Number: Fax Number:			
En	nail Address:	Website:		
	DETAILS OF	REQUEST		
1.	Amount 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.				
	If so, please describe:			
6.	Is the requesting organization/individual a customer of	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 Wyomin	ng involved in the effort? Please list.		
8.	Has First Northern Bank of Wyoming participated in t	he past? In what way?		
9.	Signature of Person making request:			
First Northern Bank of Wyoming is locally owned and dedicated to giving back to the communities we serve. We believe that by providing these contributions, we develop and enrich the community for everyone. We appreciate you taking the time to complete this application; however completion of this form does not guarantee that First Northern Bank of Wyoming will be able to fulfill the request. We receive many more requests than we can fulfill, however, we take every request very seriously and will give yours careful consideration.				
For Internal Use Only: Approve Deny Amount of Approval (If applicable):				
Sig	ined:	Pay Immediately 🗌 Pay Nex	xt Billing Cycle 🗌	
Fi	rst Northern Bank of Wyoming PO Box 400 141 S Main Buffalo, W	'Y 82834 (307) 684-2211 www.fnbofwyo.com i	info@fnbofwyo.com	



Community Reinvestment Act (CRA) Form for Donations

To be completed by 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:

Dat	te:					
Na	me of Or	ganization:				
Phy	Physical Address (No P.O. Boxes):					
Cor	ntact Per	son Name & Title:				
Pho	one Num	ber:				
Em	ail Addre	ess:				
Cor	ntact Per	son Signature:				
Per	rcentage	of clients served that are Low-Moderate Income (LMI):				
Pri	mary Cor	nmunity 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.				
Org	ganizatio	n's Mission Statement (may be attached):				
Do	Donation Date:					
Am	Amount of donation/sponsorship:					
Am	nount of	donation/sponsorship:				
First N Buffal Dougla Gillett Newca	Please return form to:First Northern Bank of WyomingBuffalo -141 S Main St, PO Box 400, Buffalo, WY 82834:Igay@firstnorthern.bankDouglas-709 S 4th St, Douglas, WY 82633:Gillette -200 S Kendrick Ave, Gillette, WY 82716:Newcastle-24 N Sumner Ave, Newcastle, WY 82701:Sheridan -29 N Gould St, Sheridan, WY 82801:ashirley@firstnorthern.bank					