

DONATION APPLICATION

Western State Bank is committed to being "Your Hometown Bank". We are proud to offer our support to those organizations that are dedicated to making the communities in which we live and work a better place. Western State Bank's giving back efforts reflect our vision of making your dreams come true. We are proud to give back to the communities we serve and therefore contribute the majority of our support within our market areas. Western State Bank recognizes its responsibility not only to provide the highest quality of banking services to citizens of our communities, but also to improve the quality of life of the communities we serve.

Organization Name:		Date:
Address:		
City:		Zip:
Phone Number:	E-mail:	
Contact Name:	Contact Phone	2:
□ Profit □ Non-Profit Federal Tax	Identification Number:	
Is the organization a bank customer?		
Please list any Western State Bank emplo	yees who volunteer for this organiza	ation:
Goal of organization:		
Donation requested:		
Requested fullfilment date:		
How will the donation be used (monetary	y or donated items)?	
Who will benefit from the donation?		
Will the donation be publicly acknowled	ged? If so, how?	
Remit To (If different than above):		
Send Donation To (If different than above	e):	
	ted form to the Western State Bank loca il it to donations@westernbanks.com.	tion nearest you or

Western State Bank offers support to non-profit organizations, groups and activities that support education, youth programs, arts and culture, financial literacy, health related programs, programs supporting the disadvantage and programs that promote business and civic interest in the local community.

Unfortunately, Western cannot provide support to individuals, pageants, political parties, or any organization which discriminates against race, color, creed, sex, age, disability, religion, or marital status.

	For office use only:	
Request is approved: ☐ Yes ☐ I	lo Contribution to be made:	
Initial: Date:	Comments:	

Member FDIC 10/2018