Community Contribution Request

CBT Bank is proud to be a part of your community and we thank you for inviting us to support your organization.

So that we may give your request full consideration, please complete and return this Contribution Request at least two weeks prior to your event or fundraiser.

**About your Organization - Please attach any additional information about event. (letter, flyers, etc.)**

Organization Name: __________________________________________ (check will be made payable to)

Address:_______________________________________________________________________________

Website:_______________________________________________________________________________

Contact Person_________________________________ Title __________________________________

Phone ________________________________________ Email__________________________________

Is the organization a 501(c)(3) charitable organization?  ☐ Yes (number __________)  ☐ No

Is the organization a recognized PA charitable organization?  ☐ Yes  ☐ No

I verify that information provide within this form is accurate for our organization:

______________________________ ______________________________________

Representative Signature   Printed Name

**Purpose of Contribution/Name of Event**

(If donation will be used for fundraising event, please tell us how the event proceeds will be used)

_____________________________________________________________________________________

_____________________________________________________________________________________

Date of Event: ___________ (please allow two weeks prior to event to process request)

This request is for:

1. Cash Donation $________________ (attach sponsorship levels if appropriate)
2. Advertisement – Size specifications:__________ Other specifications:______________
3. Promotional: Item requested_____________________ Amount requested____________
4. Gift Card _______________

**Organizations Activities Focus on:**

☐ Healthcare and human service programs

☐ Education

☐ Job Development/preparation

☐ Housing – rehabilitation, construction, multi-family rentals

☐ Performing arts & cultural activities

☐ Environmental and preservation programs

☐ Programs for at-risk youth or low to moderate income individuals and families

☐ Community Development

☐ Small Business Development

☐ Other:___________________________
Community Contribution Request (continued)

Organization Name: __________________________________________ (check will be made payable to)

Address_______________________________________________________________________________

Geographic Region(s) Served:                                                                 Population served:

☐ Bedford County  ☐ Clearfield County  ☐ Single Adults  ☐ Families
☐ Blair County    ☐ Huntingdon County  ☐ Youth    ☐ Seniors
☐ Centre County   ☐ Other County _________  ☐ Low Income  ☐ Moderate Income

What percentage of your clients are low or moderate income?
Less than 50%_____  50% or more_____

<table>
<thead>
<tr>
<th>County</th>
<th>Moderate Income</th>
<th>Low Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blair County</td>
<td>&lt;$46,080</td>
<td>&lt;$28,800</td>
</tr>
<tr>
<td>Centre County</td>
<td>&lt;$58,880</td>
<td>&lt;$36,800</td>
</tr>
<tr>
<td>Clearfield County</td>
<td>&lt;$44,800</td>
<td>&lt;$28,000</td>
</tr>
<tr>
<td>Huntingdon County</td>
<td>&lt;$44,800</td>
<td>&lt;$28,000</td>
</tr>
<tr>
<td>Bedford County</td>
<td>&lt;$44,800</td>
<td>&lt;$28,000</td>
</tr>
</tbody>
</table>

***Please send or drop off your completed request to any CBT Bank Community Office***

Bank Use Only:

COMMUNITY OFFICE:

Community Office: ______________ Employee Initials __________ Date ___________

Recommendation: Approve Amount/Item __________________________
Decline (reason) __________________________________________
Have you or will you contact organization about decision: Yes___ No___
Relationship: Yes ___ No ____ (please attach printout of organization’s CIF screen)

List any CBT Bank employee(s) who volunteer for the organization/event:
___________________________________________________________________________________

Additional Comments: ________________________________________________________________

Send check or item to: ☐ Organization  ☐ Bank Employee ____________________________

MARKETING: Past Support: Yes ____ No____ 1st request ____ Amount/Item ________ Date________

Organization Contacted:
Approval Sent _________  Regrets Sent _________  Call made for item pickup ________________

CRA Qualified Contributions  No____  Yes ___ Date sent to CRA Officer _____________

MANAGEMENT: Approved____ Declined ____ Amount/Item ________ Date_______ Initial ____

General Ledger: Charitable Contributions #81570 _____ Public Relations #114810 _____ Other _____

October, 2016