



Charitable Donation Request

Organization Name: _____

Contact Name: _____

Contact Title: _____

Phone Number: _____

Email Address: _____

Relationship to the Bank:

Community Member

Current client of the Bank

Past client of the Bank

Other _____

Bank Employee Sponsor: _____

A description of your organization, including its mission.

What percentage of the sponsorship/donation will be used to help low to moderate-income individuals or families, if applicable?

What type of contribution are you seeking? (check one)

Monetary \$ _____

Promotional Items

Discuss with Bank representative

Send to: ClientSupport@soundcb.com

Attn: Marketing Department