

## CHARITABLE CONTRIBUTION REQUEST FOR NON-PROFIT AND CHARITABLE ORGANIZATIONS

Please submit this form with accompanying documentation to First Federal Bank & Trust, Attn: ALCO Charitable Contribution Committee • 671 Illinois St, Sheridan, WY 82801 OR 645 Henry Chapple St, Billings, MT 59106

	Date:
Organization Name:	
Primary Contact Name:	
Mailing Address:	
Phone:	Email:
Requested Donation Amou	nt:
What is the mission or pur	pose of your organization? (attach all pertinent documentation)
<b>Do you have a specific proj</b> documentation)	ect or funding gap you need to fill? (attach all pertinent

Continued on next page

Have you or do you plan to secure match	ning funds? (attach all pertinent documentation)
Are you interested in receiving our funds support to cover a project or other needs	s as a matching gift, where you raise additional s? (attach all pertinent documentation)
If your request for donation is approved, fund within 45 days of approval. If your organization	relationship with First Federal Bank & Trust?  ds will be directly deposited into your First Federal account on has no relationship with the bank, please provide your nt information so that funds may be directly deposited.
First Federal Bank & Trust Account Numb	oer:
OR Check Payable to:	
Requested By: (Print Name)	Signature: