

POWERINGTM COMMUNITIES

CONTRIBUTION REQUEST FORM

Marquette Savings Bank is Erie and Crawford counties' only remaining locally headquartered bank. Every dollar stays here in our communities to Mpower™ businesses to succeed, families and individuals to prosper and communities to be better places. Marquette philanthropy is focused on helping organizations and initiatives that make a difference right here, in our Hometown.

The completion of this form will provide Marquette with a better understanding regarding what your organization does to help make our community a better place for all. Thank you in advance for helping us, help your organization.

Name of organization _____

City _____

Address _____ ZIP Code _____

Phone _____

Website URL _____

Key Contact _____

Email Address _____

Direct Phone/Extension _____

ABOUT YOUR ORGANIZATION

1. Is your organization a non-profit/501(c)(3) _____

If YES please provide the number _____

2. Please provide your organizations mission statement here.

3. Please rank services provided by your organization in order of importance. IE: The primary service provided by your organization should be ranked #1. For a description of each please visit our website at www.marquettesavings.com.

___ Education ___ Children ___ Health/Safety ___ Poverty

___ Community Asset ___ Community Revitalization ___ Emergency and Basic Needs

___ Other (please describe) _____

4. Describe whom your organizations serves.

5. List the services provided by your organization:

6. Please share your organization's significant outcomes/achievements over the last year.

7. Do the funds generated by your organization stay local? ___ Yes ___ No. If No, what % of funds stay local?

8. Please provide a breakdown of where funding for your organization comes from (% only).

9. Please attach documents or informational material that may be important for our decision.

10. Please describe the specific nature of your request.

11. Are tax credits available for this request?

12. If this is a monetary request, what is the amount requested?

13. If this is an item request,

What is the targeted value? _____

How will the item(s) be used? _____

14. Is an ad required? ___ Yes ___ No Date due? _____

Key Contact for the ad _____

Phone # _____ Email Address _____

Please email the **completed request** to:

Requests@marquettesavings.com

or Fax to: 814.455.8438



THE HOMETOWN BANK