Donation Request Form

MidAmerica National Bank is committed to giving back to the communities we serve. As a community bank and through staff participation, we will support organizations, schools, and community activities, with both time and financial support. Organizations that are active partners with us will receive preferred consideration. The focus of our donation policy is to consistently strive to support and improve the areas in which we have a presence.

We ask that all organizations requesting financial support from us complete this form. All requests must be received a minimum of 30 days in advance. Those not providing ample time for consideration may limit their opportunity for support. Completion of this form does NOT guarantee that MidAmerica National Bank will be able to fulfill the request.

Organization/Contact Information

Date of Request _____ Date Donation Needed By _____

Name of Organization _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____

Is your organization tax exempt [501(c)(3)]? ☐ Yes ☐ No (If yes, please provide documentation.)

Contact Name _____ Contact Phone _____

Contact Email _____

Is the organization a customer of MidAmerica? ☐ Yes ☐ No

Is the contact person a customer of MidAmerica? ☐ Yes ☐ No

What category would best describe the type of assistance or services your organization provides?

☐ Arts ☐ Community or Economic Development ☐ Education ☐ Health & Human Services

☐ Other (please specify) _____

Does the organization benefit low- to moderate-income families/individuals? ☐ Yes ☐ No

If yes, what percentage of those assisted are low- to moderate-income? _____%

If applicable, please list MidAmerica employees/directors involved in your organization and their level of participation.

_____

_____

_____

Please list your organization's Board of Directors. _____

_____

_____

_____

please continue on reverse

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Event Information

Event Name _____ Event Date _____

What is the organization requesting? ☐ Monetary Support ☐ Item Donation

Amount Requested $_____

To whom would check be made payable? _____

Item Requested _____

What will item be used for? ☐ Live Auction ☐ Door Prize ☐ Raffle ☐ Other _____

Would our donation benefit low- to moderate-income families/individuals? ☐ Yes ☐ No

If no, would we have the option of directing our donation to benefit low- to moderate-income families/individuals?

☐ Yes ☐ No

If applicable, please provide details about how our donation would benefit low- to moderate-income families/individuals.

_____

_____

_____

How would MidAmerica be recognized for this donation? _____

_____

_____

Advertising Information

Would MidAmerica need to supply an ad? ☐ Yes ☐ No

Would the ad need to be in color or black and white? ☐ Color ☐ Black & White

Would MidAmerica need to supply a logo? ☐ Yes ☐ No

Would the logo need to be in color or black and white? ☐ Color ☐ Black & White

What are the dimensions of the ad or logo (width x height)? _____

In what format should MidAmerica supply the ad or logo (PDF, JPG, etc.)? _____

Email address where file should be sent? _____

Signature of Contact Person _____

Please return completed form and event flyer/brochure and/or other relevant information on your organization's letterhead to the banking center closest to you:

MidAmerica National Bank
Attn: Community Relations/Donation Requests
P.O. Box 310
100 W. Elm Street
Canton, IL 61520

MidAmerica National Bank
Attn: Community Relations/Donation Requests
P.O. Box 1300
130 N. Side Square
Macomb, IL 61455

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