



Request for Gift or Donation

Please complete this form and attach any additional documentation. Requests are reviewed by the Public Relations Committee on the third Thursday of each month. Please allow 30 days from submission to receive a response. Thank you.

Please return completed request to:

Winona National Bank, Attn: Public Relations Committee, PO Box 499, Winona, MN 55987

Name of Organization	
Address	
City, State, Zip	
Telephone Number	
Contact Person	
Tax ID Number	
Date of Request	
Date of Event	

Does your organization have an active banking relationship with Winona National Bank? ___ Yes ___ No

Has Winona National Bank received a request from your organization in the past? ___ Yes ___ No

If yes, approximately when was the last time? _____

Please describe, in detail, the nature of your specific request (attach any applicable information):

What is the purpose of your organization and/or the event you are requesting the donation for?

Please indicate the percentage of Community members served in the following household income categories:

High income (over \$43,760): _____ %
 Moderate income (\$27,350-43,760): _____ %
 Low income (below \$27,350): _____ %

Will Winona National Bank receive any recognition for this donation? ___ No ___ Yes

If yes, please describe: _____
