

**Community Support Request Form - Page 1**

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**Name of Organization or Individual:**

**Date:**

**Contact Person:**

**Mailing Address:**

**Phone Number:**

**Is your organization 501.c3?**

\* if yes, please provide proof of 501.c3 status and tax ID#

**Briefly describe the program or objectives of the organization for which you are requesting support.**

**What type of support are you requesting?**

Volunteer

Financial

Marketing

Facility for Bake Sale

Other:

**If requesting financial support, how much are you requesting and how will the funds be used?**

**What community/individual(s) benefit from this program?**

**How does the community benefit from this organization or project?**

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**What percentage of individuals that benefit from your program are in a low to moderate income bracket (\$0 - \$35,920/yr)?**

**What is your support/fundraising goal?**

**What efforts have been made to accomplish your support/fundraising goal?**

**What other sources of support or funding have you received toward your program/initiative?**

**What is your support/fundraising deadline?**

**Describe any recognition provided for contributions received.**

Thank you for your request!  
Please submit completed form to any Centinel Bank location,  
mail, fax (575) 758-6708 or e-mail to: [mlewin@centinelbank.com](mailto:mlewin@centinelbank.com)