I lowa State	Falls Bank	bonation requests made to II approved by the IFSB Donat Please submit to Iowa Falls S Attn: Cryst			State Bank		
How Can w	te Help?	601 Washington Ave, Iowa Falls IA 50126cdoering@ifsbank.com641-648-5171					
Donation Request F	orm						
Name of Organization	n:						
Address:							
Contact Name & Pho	ne:						
Does the organization	n have a current a	ccount relationshi	p with the ban	ık?	□Ye	es 🗆 No	
Briefly describe the p	roject/event inclu	uding date:					
Donation Amount Re	auested:						
Response Deadline: _				🗆 Mail	or	□ Pick-up at bank	
Has the organization previously requested funds from IFSB? If "Yes", provide dates and amounts:						es 🗆 No	
What are your plans t	o acknowledge th	he donation or spo	onsors? (check	c all that a	upply)		
	• •	ad 🗆 Broc		□ Website			
					ebook _		
Will the organization	need the IFSB lo	ogo? If so, who sł	iould I email it	t to?			
Contact Signature:	ontact Signature:			Date:			
For internal use: Amount \$ Approval initials	🗆 Cups 🗆 Naț	okins □ Other					