

BankChampaign, N.A.
Donation/Sponsorship Request Form

Date: _____
Name of Charity/Organization: _____
Address: _____
Phone: _____ Fax: _____
Contact Person: _____ Email: _____
Date of Event/Donation Deadline: _____

1. Is someone that works at BankChampaign affiliated with your organization?
_____ Who? _____ What is their role in the
organization? _____
2. What is the reason for this request? _____

3. How will the donation/sponsorship funds be used? _____

4. Will the donation/sponsorship funds be kept locally? _____
5. Does your organization bank with us? _____
6. What type of accounts do they maintain? _____
7. Do you personally bank with us? _____
8. Did your organization's bank donate? _____ If so, at
what level or amount? _____
9. Did you donate for this specific cause? _____
10. Will you need our logo for sponsorship advertising? _____
11. Detail the marketing/advertising/PR value the bank receives from this
donation/sponsorship _____
12. Have we donated to your organization in the past? _____ If so,
when and at what level or amount? _____

****You may mail, fax or email this form to Kellie Kneipp (see below) along with any other information regarding your charity/sponsorship/event. Once we receive the completed form, our Donation Review Committee will review the request. Please allow up to two weeks for a decision to be made. We will contact you with that decision. Thank you for the opportunity to consider your charity.**

BankChampaign, N.A.
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