



# CHARITABLE GIVING PROGRAM

BankFive is committed to supporting its local community through our Charitable Giving Program, in which funds are set aside to provide support to worthwhile, non-profit and civic organizations. Completed Requests are carefully evaluated and considered by a Charitable Giving Committee. A minimum of 2 months prior to the deadline is needed to evaluate and process incoming requests. The Charitable Giving Committee meets every second Tuesday of the month.

## **Guidelines for Donation and Grant Requests:**

With the growing need in our communities for charitable dollars, BankFive has determined the following will be the areas in which our contributions will be targeted to create the largest impact with a limited budget:

- Programs that support youth education including financial literacy
- Health and social service programs affecting the youth and elderly in our local community assisting low to moderate income citizens
- Programs that will make a positive impact enhancing business and economic development

*Under no circumstances does BankFive contribute to political parties, candidates, or fundraising events, or any organization that discriminates on the basis of gender, identity, religion, race, age, ethnicity, marital status, or sexual orientation.*

## **Procedure for Submitting Request:**

Complete the attached Donation Request Form and the required documentation 2 months prior to the deadline is needed.

- Include copy of 501C(3) Non-Profit Status Form
- Include copy of Taxpayer Identification Number (W-9 Form)
- Include brief cover letter on organizational letterhead, providing all relevant information not included in the Donation Request Form, including Mission Statement
- Include Sponsorship levels and ad specification materials, if applicable

A completed Request Package can be submitted in writing to:

BankFive  
Charitable Contributions Committee  
Attn: Andrea Rodrigues  
P.O. Box 1191  
Fall River, MA 02722  
Phone: 774.888.6176

A digital copy of the package can also be emailed to [charitable@bankfive.com](mailto:charitable@bankfive.com).



Submit to:  
 BankFive  
 Charitable Contributions Committee  
 Attn: Andrea Rodrigues  
 P.O. Box 1191  
 Fall River, MA 02722-1191  
 Email: charitable@bankfive.com

# Donation Request Form

Date of Request: \_\_\_\_\_ Person Making Request: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Year Established: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contact Method (phone, fax, email, or cell): \_\_\_\_\_

Required Documentation: Taxpayer Identification Number (W-9 Form); copy of 501C(3) Non-Profit Status Form

Is this organization a 501-(c3) nonprofit agency?

Is this organization a member of United Way?

What is the organization's primary mission? \_\_\_\_\_  
 \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Check made payable to: \_\_\_\_\_

Funds needed by: \_\_\_\_\_

Detailed description of how funds will be used. \_\_\_\_\_  
 \_\_\_\_\_

What percentage of amount requested will be used for programs? \_\_\_\_\_

How does this organization or this event help low-to-moderate income groups? \_\_\_\_\_

The funds will be used to benefit the following: (check all that apply)

- |   |   |
|---|---|
| Affordable Housing: Low/Moderate Income | Health Care                               |
| Child Care                              | Revitalization a Low/Moderate Income Area |
| Economic Development                    | LMI Youth Program                         |
| Elderly Services                        | Veteran Programs/Assistance               |
| Financial Education                     | Food Insecurity                           |

What area will the funds benefit? (City, State) \_\_\_\_\_

Signature of Person making request: \_\_\_\_\_