



CRA CHARITABLE CONTRIBUTION REQUEST FORM

Instructions: Requesting Organization should complete this form in its entirety. The form may either be submitted to the Manager at any one of our local branch offices or it can be mailed to: Two River Community Bank, Attn: Sponsorships & Donations, 766 Shrewsbury Avenue, Tinton Falls, NJ 07724. Please allow for two (2) – four (4) weeks turnaround time.

Organization Name: _____

Organization Physical Address: _____

Organization Mailing Address: _____

Telephone: _____ **Fax Number:** _____

Website and e-Mail Contact Information: _____

Taxpayer Identification Number: _____ **Requested Contribution Amount:** _____

Deadline date for submission of the ad/donation/ticket request? _____

Does organization have deposit relationship with our Bank? Yes No **If yes, type?** _____

Description of Organization (benefit to the community, and targeted clients):

Brief History of Organization (current programs offered and accomplishments):

Geographic Area Served by Organization: _____

Intended Use of Proceeds (Including expected results): _____

Demographic Description and Number of Clients Served (such as age, income, gender, etc.):

Please ensure the following documentation is submitted with this form:

1. List of officers and directors
2. Copy of the organization's mission or vision statement
3. Proof of not for profit designation [501(c)(3) or 501(c)(6) Secretary of State filing]

Person Representing Organization (Please Print):		Title:	
Signature:		Date:	
BANK USE ONLY			
Did the Bank make a similar contribution last year?			
Amount of the contribution made last year?			
If you are submitting this request on behalf of the requesting organization, do you serve on the Board or on a Committee of this organization? _____ Please indicate your role within the organization: _____			
Have you reviewed the form for proper completion and ensured all requested documentation is attached?		Date	Branch Representative's Signature:
APPROVAL & PROCESSING OF REQUEST			
Approve: _____ Decline: _____		Date	President's Signature:
Approved request has been processed.		Date	Executive Assistant:
CRA Qualified? (Yes/No):		Date	CRA Officer:
Category:	CA: CD:	B: S:	