



Community Connections Donation Request Form

Please Allow 30 Days for Processing

**Instructions: Non Profit Organizations are asked to complete this two page application.
Please return completed form to:**

By Mail: Community Shores Bank OR By Fax: (231) 780-3006
Attn: Community Connections
1030 West Norton Avenue
Muskegon MI 49441

Date of Application: ___ / ___ / ___

Legal Name of Non-Profit Organization _____

Tax ID Number _____

Address _____

City _____ State _____ Zip _____

Organization Phone Number _____ Fax Number _____

Executive Director's Name _____

Requestors Name _____

Program Title _____

Program Date _____

Donation Requested (select one)

_____ A. Cash Donation - Indicate amount requested \$ _____

_____ B. Advertising, Sponsorship, Raffle Prize

_____ C. Door Prize Gifts

Briefly describe the purpose of the donation and how the requested funds will be used?

Organization Description

Tell us about your organization, including a summary of your mission and years in business.

Recognition

How will participants or those attending know that Community Shores Bank is involved?

Other Comments

Because of the large volume of requests that we receive, we are unable to accept phone calls or e-mails. Please submit the completed two page request a minimum of 4 weeks prior to the deadline. Please do not send presentations, photographs, videos, or press clippings. This request needs to be sent via mail or fax. We will notify you of our decision in writing. Thank you.