



MANSFIELD BANK
CHARITABLE FOUNDATION

COMMUNITY DONATION REQUEST FOR CONTRIBUTIONS AND SPONSORSHIPS

Please complete the following form and submit with all other donation request materials to the following address:
 Or fax to (508) 339-6868

Mansfield Bank
 ATTN: Mansfield Bank Charitable Foundation
 80 North Main Street
 Mansfield, MA 02048

GENERAL INFORMATION

Legal Name Of Organization: _____

501(c)(3) Tax ID Number: _____

Executive Director: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Are You A Mansfield Bank customer? Yes No Date of Application: _____

ORGANIZATION INFORMATION

Briefly describe the history and mission of your organization: _____

DESCRIPTION OF FUNDING REQUEST

Briefly describe the goals and objectives for the funding request: _____

ADDITIONAL INFORMATION REQUIRED

Amount of Request: _____

Name of event (if applicable): _____

Date of event: _____