

DONATION REQUEST FORM

At Iroquois Federal, we believe in supporting the communities we serve. We are proud to contribute to various charitable and community initiatives throughout the year. If your organization is seeking a donation from Iroquois Federal, please complete the form below. To help us evaluate your request as quickly and thoroughly as we can, please provide as much detail as possible.

Once completed, please print this form, fill it out, and email it to marketing@iroquoisfed.com. If you have any questions, please contact Ashley Fink, AVP - Marketing Manager, at (815) 432-2476 or email marketing@iroquoisfed.com.

Organization Information

organization information
• Organization Name:
 Mailing Address: City: State: ZIP Code:
• Primary Contact Person:
• Contact Person's Title:
• Contact Phone Number:
• Contact Email Address:
 Is your organization a registered 501(c)(3) non-profit? [] Yes (Might be eligible for a donation from the Iroquois Federal Foundation) [] No



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)ona	ation Request Details
• W	hat is the purpose of this request?
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• H	ow much funding are you requesting?
• W	hat is the target date by which you need a decision or the funds?
th	hat recognition opportunities, if any, are available to Iroquois Federal for his donation? (e.g., logo placement/size, mention in printed and digital naterials, social media/website recognition)?
	ave you requested or received donations from Iroquois Federal in the past?
([] No If yes, please provide details:
• P	tional Information lease provide any additional information you believe would be helpful in valuating your request: