

FARMERS TRUST

& SAVINGS BANK

Buffalo Center ♦ Lakota ♦ Britt ♦ Lake Mills ♦ Bricelyn

FTSB Donation Application

Name of Organization: _____

Contact Person: _____

Project funds are needed for: _____

Amount requested: _____ Total project cost: _____

Is this a one-time donation? _____

Where does your entity keep funds on deposit? _____

What other organizations have or will be contributing and what amount? _____

Make check payable to:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Signature

Date

FTSB Signature

Notes: _____