

We at First National Bank and Trust Company pride ourselves on working with all of our neighbors to build strong communities. Thank You for considering First National Bank in your search for support. We are dedicated to supporting the communities we serve by giving back through philanthropic activities including donations, sponsorships and other types of charitable support. We also encourage our associates to actively participate in community activities.

Our philosophy is simple. We give first priority to organizations who are customers of First National Bank and where one or more of our associates is a member. However, our donation guidelines are as follows:

**General Policy:**

- Donations must align with our corporate vision, mission, and values
- First National Bank gives special attention to organizations that enhance the welfare and/or the cultural standard of the communities we serve, service organizations that serve our communities, and the general public
- Priority will be given to those service clubs in which a company associate is a member

**Restrictions:**

First National Bank will not give monetary support for:

- Individual endeavors
- Political parties, campaigns or candidates
- Organizations that discriminate on the basis of gender, race, or religion
- Activities, groups or organizations outside of our market areas
- Church programs or other sectarian organizations
- Nationwide health campaigns
- Scholarships, fellowships, and travel grants

*\* Special requests that do not meet these guidelines must be approved by Senior Management.*

All request are evaluated for immediate participation and considered for future support as well. However, approval and/or participation for one year does not automatically imply future approval and/or participation. For this reason, we encourage you to follow up with us each year to insure our support and/or participation.

Because our budgetary process is done in the Fall, we ask that all Charitable Contribution request forms greater than \$1,000 be completed and submitted to First National Bank no later than August 31st for consideration the following calendar year. After the review of all requests has been completed, you will be notified in writing regarding the approval or denial of your request.

**INSTRUCTIONS**

**Please fill out this request form in its entirety. Be sure to include any attachments (flyers, proposals, etc.) that will assist us in evaluating your request. All requests should be submitted within the timeframe noted above. Should you have any questions, please contact the Marketing Department at 608-313-8356.**

**You may return the completed request form and attachments  
to any First National Bank location by mail, email, or fax.**

**First National Bank & Trust Company  
Marketing Department  
345 East Grand Avenue  
Beloit, WI 53511  
Email: spanozzo@fnbmail.com  
Fax: 608.313.6172**



## CHARITABLE CONTRIBUTIONS REQUEST FORM

|                                                                                                                                                                             |                                                                                                   |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------|
| <b>INSTRUCTIONS:</b> This report MUST be fully completed when authorizing and/or requesting authorization for payment of a charitable contribution.<br><b>*Please PRINT</b> | <b>BRANCH MANAGER / ASSOCIATE NAME</b>                                                            | <b>BRANCH NO.</b> |
| FIRST NATIONAL BANK <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN INVOLVEMENT AND WHETHER A POSITION IS HELD)                                           | <b>DELIVER CHECK TO:</b> <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> ASSOCIATE |                   |
| <b>ASSOCIATE(S) INVOLVEMENT</b>                                                                                                                                             |                                                                                                   |                   |

|                                               |                          |                  |                    |
|-----------------------------------------------|--------------------------|------------------|--------------------|
| REQUESTOR'S NAME                              | REQUESTOR'S PHONE NUMBER | DATE SUBMITTED   | NEED RESPONSE BY   |
| NAME OF ORGANIZATION BENEFITING FROM DONATION |                          | AMOUNT REQUESTED | LAST YEAR'S AMOUNT |
| ORGANIZATION'S ADDRESS (CITY-ST-ZIP)          |                          | FEDERAL TAX ID # |                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ARE YOU A RECOGNIZED WISCONSIN / ILLINOIS CHARITABLE ORGANIZATION?                                                                                                                                                                                                                                                                                                                                                                                                                              | ARE YOU A 501 (c)(3) ORGANIZATION?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>STRONGEST AREA or CATEGORY OF IMPACT (CHECK ONE)</b><br>[01] <input type="checkbox"/> HEALTH & MEDICAL<br>[02] <input type="checkbox"/> HUMAN SERVICES<br>[03] <input type="checkbox"/> EDUCATION<br>[04] <input type="checkbox"/> CULTURAL & HISTORICAL<br>[05] <input type="checkbox"/> ENVIRONMENTAL<br>[06] <input type="checkbox"/> RELIGIOUS<br>[07] <input type="checkbox"/> POLITICAL<br>[08] <input type="checkbox"/> CIVIC GROUPS<br>[25] <input type="checkbox"/> MISC. (explain) | <input type="checkbox"/> <b>CHECK IF YOU ARE A UNITED WAY SPONSORED AGENCY</b><br><b>CRA CREDIT :</b><br><b>CHECK ALL AREAS THAT REQUEST WILL BENEFIT:</b><br><input type="checkbox"/> AFFORDABLE HOUSING FOR LOW-MODERATE INCOME INDIVIDUALS<br><input type="checkbox"/> COMMUNITY SERVICES TARGETING LOW-MOD INCOME INDIVIDUALS<br><input type="checkbox"/> PROMOTES ECONOMIC DEVELOPMENT BY FINANCING SM BUS. / FARMS<br><input type="checkbox"/> ACTIVITIES TO REVITALIZE / STABILIZE LOW-MOD INCOME REGIONS<br><b>IF ANY BENEFIT APPLIES, NAME THE AREA / REGION SERVED:</b><br><br><b>&gt;&gt; ATTACH DOCUMENTATION TO SUPPORT CHECKED BENEFIT(S) &lt;&lt;</b> |

DOES ORGANIZATION OR ANY OF ITS BOARD MEMBERS HAVE A BANKING RELATIONSHIP WITH US?  YES  NO

IF YES, WHAT TYPE OF ACCOUNT(S)?

|                                       |                                      |                                             |
|---------------------------------------|--------------------------------------|---------------------------------------------|
| <input type="checkbox"/> CHECKING     | <input type="checkbox"/> SAVINGS     | <input type="checkbox"/> INVESTMENT ACCOUNT |
| <input type="checkbox"/> MONEY MARKET | <input type="checkbox"/> INVESTMENTS | <input type="checkbox"/> TRUST ACCOUNT      |
| <input type="checkbox"/> LOAN         | <input type="checkbox"/> CD          | <input type="checkbox"/> OTHER              |

**TYPE OF REQUEST:**  DONATION ( COMPLETE SECTION 'A' & 'C' )  SPONSORSHIP ( SKIP TO SECTION 'B' & 'C' )

### SECTION 'A' : DONATION REQUEST

**NAME OF PROJECT:** \_\_\_\_\_

**PURPOSE:** (Please define the need or motivating factor for this program/project)

\_\_\_\_\_

**STATED GOALS / PROJECTED OUTCOMES:**

\_\_\_\_\_

**WHAT COMMUNITIES WILL THE PROGRAM / PROJECT BENEFIT?**

\_\_\_\_\_

**WHAT IS THE OVERALL BENEFIT TO THE COMMUNITY?**

\_\_\_\_\_

**PRIMARY BENEFICIARIES OF THIS PROGRAM:** (Please specify demographic and numerical populations)

\_\_\_\_\_

**WHAT PERCENTAGE OF DONATIONS SUPPORT ADMINISTRATION AND WHAT PERCENTAGE IS DIRECTLY APPLIED TO STATED OBJECTIVE?**

\_\_\_\_\_

**HOW WILL DONORS BE RECOGNIZED?**

\_\_\_\_\_

**IS THERE ANYTHING ELSE YOU WOULD LIKE US TO CONSIDER OR BE MADE AWARE OF?** (Attach any descriptive brochures or presentations if desired.)

\_\_\_\_\_

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**SECTION 'B' : SPONSORSHIP PROPOSAL****NAME OF PROJECT:****PURPOSE:** (Please define the need or motivating factor for this program/project)**STATED GOALS / PROJECTED OUTCOMES:****IN WHICH COMMUNITIES DOES THE EVENT OCCUR?****WHAT IS THE OVERALL BENEFIT TO THE COMMUNITY?****LIST THE PRIMARY AUDIENCE OF THIS PROGRAM:** (Please specify demographic and numerical populations)**WHAT PERCENTAGE OF DONATIONS SUPPORT ADMINISTRATION AND WHAT PERCENTAGE IS DIRECTLY APPLIED TO STATED OBJECTIVE?****WHAT IS THE TIME FRAME?****LIST ALL OTHER SPONSORS:** (Especially competing banks)**LIST ALL MEDIA PARTNERSHIPS AND DESCRIBE THEIR LEVEL OF PARTICIPATION:****DESCRIBE THE OVERALL BENEFIT TO FIRST NATIONAL BANK?****DESCRIBE YOUR MASS MEDIA ADVERTISING PLANS:** (Include or attach schedules, reach and frequency projections)**DESCRIBE ANY OTHER FORMS OF ADVERTISING:** (Include or attach specifics about posters, signs, banners, t-shirts, and all other non-media items)**DESCRIBE YOUR PUBLIC RELATIONS PLANS:** (Include or attach press conferences, news releases and presentations)**LIST SPONSORSHIP OPTIONS. ARE ANY OF THESE EXCLUSIVE?** (Attach any descriptive brochures or presentations if desired.)**IS THERE ANYTHING ELSE YOU WOULD LIKE US TO CONSIDER OR BE MADE AWARE OF?** (Attach any descriptive brochures or presentations if desired.)

**SECTION 'C' : MARKETING SPECS / REQUIREMENTS**
**LOGO:** (IF OUR LOGO FILE IS NEEDED, CIRCLE WHICH APPLIES)

|                             |                 |                       |     |             |
|-----------------------------|-----------------|-----------------------|-----|-------------|
| <b>COLOR:</b>               | COLOR           | B & W                 |     |             |
| <b>FILE TYPE PREFERRED:</b> | EPS             | PDF                   | JPG | TIFF        |
| <b>OUTPUT TYPE USED:</b>    | 4 COLOR PROCESS | OFF-SET / VINYL (PMS) |     | VIDEO (RGB) |

**AD:** (IF AN AD IS NEEDED, CIRCLE WHICH APPLIES)

|                             |                 |                       |                                         |
|-----------------------------|-----------------|-----------------------|-----------------------------------------|
| <b>COLOR:</b>               | COLOR           | B & W                 | SPOT COLOR: _____                       |
| <b>FILE TYPE PREFERRED:</b> | EPS             | PDF                   | PHOTOSHOP (6) (PC) PAGEMAKER (6.5) (PC) |
| <b>OUTPUT TYPE:</b>         | 4 COLOR PROCESS | OFF-SET / VINYL (PMS) | VIDEO (RGB)                             |
| <b>DIMENSIONS:</b>          | W: _____ "      | H: _____ "            |                                         |

**MISC:** (ANSWER THOSE THAT APPLY)

|                                                                |     |    |            |
|----------------------------------------------------------------|-----|----|------------|
| <b>WILL YOU NEED A FIRST NATIONAL BANK BANNER FOR DISPLAY?</b> | YES | NO | QTY: _____ |
| <b>WILL A DISPLAY TABLE BE NEEDED?</b>                         | YES | NO |            |
| <b>WILL A DISPLAY TABLE BE PROVIDED?</b>                       | YES | NO |            |
| <b>WILL YOU NEED REPRESENTATIVES FROM FIRST NATIONAL BANK?</b> | YES | NO |            |

IF "YES", HOW MANY? \_\_\_\_\_ TIME &amp; DATE TO ARRIVE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**LIST PROMOTIONAL ITEM / PREMIUM REQUEST IF APPLICABLE?**

|      |       |      |       |
|------|-------|------|-------|
| QTY: | ITEM: | QTY: | ITEM: |
| QTY: | ITEM: | QTY: | ITEM: |
| QTY: | ITEM: | QTY: | ITEM: |

**LIST ANY OTHER NEEDS REQUESTED OF MARKETING THAT HAVE NOT BEEN MENTIONED:**

| MARKETING USE ONLY                                         |          |          |                                               |
|------------------------------------------------------------|----------|----------|-----------------------------------------------|
| TASK                                                       | DATE     | INITIALS | NOTES/COMMENTS                                |
| RECEIVED BY MARKETING:                                     |          |          |                                               |
| REVIEWED BY MARKETING:                                     |          |          |                                               |
| SENT FOR HIGHER APPROVAL IF REQUIRED:                      |          |          |                                               |
| APPROVED BY UPPER MANAGEMENT:                              |          |          |                                               |
| DENIAL NOTIFICATION COMPLETED: (If applicable)             |          |          |                                               |
| DATA ENTRY COMPLETED:                                      |          |          |                                               |
| AD DESIGN ORDERED:                                         |          |          |                                               |
| AD DESIGN COMPLETED:                                       |          |          |                                               |
| AD DELIVERED:                                              |          |          |                                               |
| LOGO KIT DELIVERED:                                        |          |          |                                               |
| PROMO ITEMS ORDERED:                                       |          |          |                                               |
| PROMO ITEMS DELIVERED:                                     |          |          |                                               |
| CHECK REQUEST SENT TO ACCOUNTING:                          |          |          |                                               |
| TEAM OR REP.S DETERMINED & CONTACTED:                      |          |          |                                               |
| REQUEST COMPLETE & FILED:                                  |          |          |                                               |
| (CIRCLE ONE)                                               |          |          |                                               |
| <b>REQUEST:</b>                                            | APPROVED | DECLINED | <b>CHECK ROUTED TO:</b> EMPLOYEE ORGANIZATION |
| <b>SPECIAL NOTES / COMMENTS</b> (recovery of items, etc) : |          |          |                                               |
|                                                            |          |          |                                               |