

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 requests 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 ensure our support and/or participation.

Because our budgetary process is done in the fall, we ask that all Charitable Contribution request forms greater than \$100 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. You can drop the completed form off at any branch location, or mail to the current address information. Should you have any questions, please contact the Marketing Department at 800-667-4401

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

First National Bank & Trust Company

Marketing Department

345 East Grand Avenue

Beloit, WI 53511

Email: mysoundadvice@bankatfirstnational.com

CHARITABLE CONTRIBUTIONS REQUEST FORM

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

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

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.)



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)

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

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

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

MISC: (ANSWER THOSE THAT APPLY)

WILL YOU NEED A FIRST NATIONAL BANK BANNER FOR DISPLAY?	YES	NO	QTY: _____
WILL A DISPLAY TABLE BE NEEDED?	YES	NO	
WILL A DISPLAY TABLE BE PROVIDED?	YES	NO	
WILL YOU NEED REPRESENTATIVES FROM FIRST NATIONAL BANK?	YES	NO	

IF "YES", HOW MANY? _____ TIME & 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)		CHECK ROUTED TO:	
REQUEST:	APPROVED	DECLINED	EMPLOYEE ORGANIZATION
SPECIAL NOTES / COMMENTS (recovery of items, etc) :			