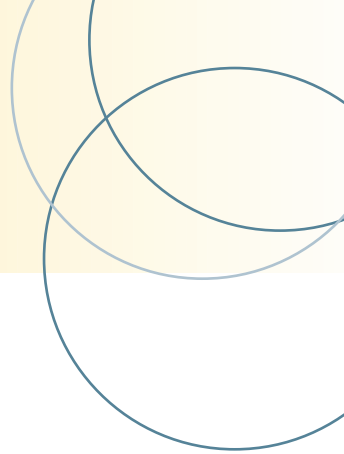




Iowa State Savings Bank Request for Gift or Donation



Name of Organization:	_____
Address:	_____
City, State, Zip:	_____
Telephone Number:	_____
Contact Person:	_____
Individual or Federal Tax ID Number	_____

Please describe your request (attach supporting documents as needed).

Does the organization have a current account relationship with the bank? Yes No

If yes, what type of account(s)? Checking Savings Loan Money Market Investment
 Certificate of Deposit Trust Services Other

Has the bank received this request in the past? Yes No If yes, approximately when? _____

What are the benefits to the individual or organization if this gift or donation is approved?

How will the bank be recognized for the gift or donation?

What are the benefits to our community if this gift or donation is approved?

Signature: Date of Application: Date funds needed:

Bank Use Only in this Section
Iowa State Savings Bank Authorized Signature: Date:

