



# SPONSORSHIP | ADVERTISING | DONATION REQUEST

## RETURN REQUESTS TO

Carolyn Brownson, Marketing Director cbrownson@bnabank.com

Date:

**REQUEST TYPE** Check all that apply

SPONSORSHIP  PURCHASE AN AD  DONATION REQUEST

<b>Organization Name:</b>	
<b>Describe the Organization:</b>	

Is your organization a 501c3  Yes  No

<b>CONTACT PERSON:</b>	
<b>CONTACT PHONE NUMBER:</b>	
<b>CONTACT EMAIL ADDRESS :</b>	
<b>Describe your request:</b> <i>Why do you need this sponsorship? Who will benefit? Attach any necessary documents.</i>	
<b>Requested Amount</b>	

**Will there be an advertisement for BNA Bank?**  Yes  No

If yes, please list where the advertising materials should be sent

**Has the bank received this request in the past?**  Yes  No

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

**If approved, please list the date you need the donation/payment:**

<input type="checkbox"/> I would like to pick up the check:
PHONE NUMBER
or <input type="checkbox"/> please mail the payment to
Mailing Address:
ATTN:
ADDRESS:
CITY STATE ZIP

**Internal Use Only:**

**If a bank employee or officer is submitting this request, please include your name and if you recommend this request**

**Submitted by:**