



WNB FINANCIAL

MORE THAN A BANK

Request for Donation or Sponsorship

Please attach any additional documentation. Allow 30 days from submission to receive a response.
Return completed form to: WNB Financial, P.O. Box 499, Winona, MN 55987

Name of Organization	
Contact Person	
Address, City, State, Zip	
Telephone	
E-Mail	
Tax ID Number	
Date of Request	
Name of Event	
Date of Event	

Does your organization have an active banking relationship with WNB Financial? Yes No

Has WNB received a request from your organization in the past? Yes (date _____) No

What is the general purpose of your organization? _____

What will the donated funds be used for? _____

Indicate the % of community members served by your organization in the following family income levels:

- Low Income (under \$41,800) _____%
- Moderate Income (\$41,800 – \$66,880) _____%
- Middle Income (\$66,880 – \$100,320) _____%
- Upper Income (over \$100,320) _____%

Who is likely to benefit from the donation? Specifically, what income levels will benefit most, and how?

Will WNB receive any recognition for this donation? Yes No

If yes, please describe: _____

RIGHT TO PUBLICITY: By signing this form, you grant WNB Financial the right to use your name, image, audio, and/or video in its publications, including (but not limited to) advertising, press releases, newsletters, the Bank’s website, and social media channels.

_____ Signature _____ Printed Name