

HARLEYSVILLE BANK COMMUNITY GIVING REQUEST FORM

Date of Request: _____ Federal Tax ID Number: _____

Name of Organization: _____

Mailing Address: _____

Contact Name: _____ Phone: _____

Email Address (if ad is needed): _____

Brief Overview of Your Organization’s Mission (attach appropriate material)

Program, Project or Event for which support is requested:

Amount or Item Requested: \$ _____ Date of Event: _____

Does the request address at least one of the Bank’s funding priorities: _____ Yes _____ No
_____ Community Development _____ Housing _____ Education _____ Youth

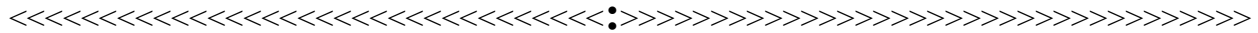
Does the organization have an account with Harleystville Bank? _____ Yes _____ No

List any Harleystville Bank team members involved in your organization and their roles:

Of the Clients you serve, what percent are from low-to-moderate income areas? _____%

The undersigned certifies that they are authorized to represent the organization applying for a contribution, that the contribution received will be used for the purposes outlined and that Harleystville Bank has received nothing of material value, aside from noted sponsorship benefits, in exchange for the contribution.

Submitted By: _____ Date: _____



Recommendation of Harleystville Bank Team Member:

Submitted By: _____ Department: _____
Team Member Signature



Contribution Approved By: _____ Date: _____

Approved Amount/Item(s): _____