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 Harleysville Bank? _____ Yes _____ No

List any Harleysville 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 Harleysville Bank has received nothing of material value, aside from noted sponsorship benefits, in exchange for the contribution.

Submitted By: _____ Date: _____

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<:>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

Recommendation of Harleysville Bank Team Member:

_____

Submitted By: _____ Department: _____

Team Member Signature

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<:>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

Contribution Approved By: _____ Date: _____

Approved Amount/Item(s): _____