



DONATION REQUEST FORM

CONTACT INFORMATION

Request Date: _____

Primary Contact Name, Title		Organization	
Address	City	State	Zip
Phone #	Email Address	Referred By	
Organization's Primary Purpose/Mission:			

REQUEST DETAILS

<input type="checkbox"/> Monetary - Total Amount of Project \$ _____ Amount Requesting from AYBC \$ _____ <input type="checkbox"/> Volunteers <input type="checkbox"/> Giveaway Item(s) – Number of items needed _____
Are there any BTC Bank employees involved with your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, Please list:
Has BTC AYBC contributed to the requesting organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details:
Is your organization doing additional fundraising to fulfill this project? <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE DESCRIBE YOUR REQUEST

HOW DID YOU LEARN ABOUT BTC AREA YOUTH BENEFIT CORP?

<input type="checkbox"/> Word of Mouth <input type="checkbox"/> Search Engine <input type="checkbox"/> Newspaper <input type="checkbox"/> Facebook <input type="checkbox"/> AYBC Fundraising Events <input type="checkbox"/> I do not wish to disclose

I certify that the facts contained in this application are true and complete to the best of my knowledge.

Applicant's Signature

Date

Please return complete application packet to:
BTC Area Youth Benefit Corp., 3606 Miller St, Bethany, MO 64402, or email to youthbenefit@btcbank.bank