



First National Bank

and Trust Company of Ardmore

REQUEST FOR DONATION OR CONTRIBUTION

Date: _____

(All information requested on this form must be completed in order for this request to be considered by the Bank's Donation/Contribution Committee)

Amount Requested: _____

PURPOSE / USE OF FUNDS: _____

RECIPIENT

Funds should be payable to: _____

Address: _____

Tax ID #: _____

Recipient's Account Relationship
with First National Bank: _____

Is Recipient registered with the IRS as a 501(c)3 (Non-profit) organization? YES or NO

Has Recipient received donations/contributions from the
First National Bank within the past five (5) years? YES or NO

If YES, how much and when? _____

REQUESTOR

Individual Making Request: _____

Address: _____

Daytime Phone Number: _____

Requestor's Account Relationship
with First National Bank: _____

Special Requests/Instructions
(Optional) _____

Please deliver
this request to: Ryan Youderian, Vice President
Chairman, Donations/Contributions Committee
P.O. Box 69
Ardmore, OK 73402-0069

Approved _____

Denied _____