

CHARITABLE CONTRIBUTION REQUEST FOR NON-PROFIT AND CHARITABLE ORGANIZATIONS

Rev. Dec 2024

Please submit this form, with accompanying documentation to First Federal Bank & Trust, Attn: ALCO Charitable Contribution Committee • 671 Illinois St, Sheridan, WY 82801 OR 645 Henry Chapple St, Billings, MT 59106 • Phone 855.549.5854

	Date:
Soliciting Organization:	
Name / Address:	
Phone / Email:	
Primary Contact:	
Requested Donation Amount:	
Mission of Organization and Purpose	e of Request (attach all pertinent documentation)
Describe your involvement in this org	ganization:
Has First Federal Bank & Trust contri	buted to this organization in the past three (3) years?
If so, when	and for what amount
request for donation is approved, funds will of approval. If your organization has no relati	ve a relationship with First Federal Bank & Trust? If your be directly deposited into your First Federal account within 45 days ionship with the bank, please provide your financial institutions at funds may be directly deposited. Thank you.
Checking Account #	Savings Account #
Requested By: (Print Name)	Signature: