



**Request for Donation**

**Kinderhook Bank believes in giving back to the communities we serve. We focus our charitable giving on community programs with an emphasis on services aimed toward building healthy communities.**

Name of organization:

501(C) (3) non-profit tax-exempt organization:  Yes  No

Address of organization:

Telephone/Fax number:

Web URL:

E-mail address:

Contact person:

Check should be made payable to:

Mission Statement of organization *(attach info if needed)*:

Organization information *(demographics and background)*:

Does this donation:

<input type="checkbox"/>	Provide Affordable Housing for Low- or Moderate- income individuals.
<input type="checkbox"/>	Provide for Community Services for Low- or Moderate- income individuals.
<input type="checkbox"/>	Promote Economic Development.
<input type="checkbox"/>	Help revitalize or stabilize LMI geographies (Distressed, Underserved or Designated Disaster Areas)
<input type="checkbox"/>	Help Distressed Areas by helping to retain residents and businesses, providing jobs, or be part of a bona fide plan to revitalize or stabilize the geography. Activities must provide a long-term direct benefit to community, including LMI individuals and neighborhoods.
<input type="checkbox"/>	Help Underserved Areas by facilitating the construction, expansion, improvement, maintenance, or operation of essential facilities for health services, education, public safety, public services, industrial parks or affordable housing. It must serve LMI individuals.
<input type="checkbox"/>	Help a Designated Disaster Area, is related to Disaster Recovery and provides a long term benefit to community needs, including LMI individuals or neighborhoods.
<input type="checkbox"/>	Other:

Further describe what the request is for:

Date when the money is needed:      Amount requested:

Have we supported this event in the past?  Yes  No    If Yes, when / amount

How will this contribution be recognized?

Does the organization have an account relationship with our bank?  Yes  No

Are you aware of any current Kinderhook Bank employee / director involvement in the organization?

What are the benefits to our community if this request is approved?

\_\_\_\_\_  
Signature

Date

<b>For Bank Use Only:</b> Approved: Yes No By _____ _____
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**Please attach all supporting documentation indicating how this donation will assist your organization in achieving the purpose indicated above.**

**Please return this completed request and all supporting documentation thirty (30) days in advance to:  
Attn: Dori McDannold Kinderhook Bank, 1 Hudson Street, Kinderhook, NY 12106 or fax to 518-650-8156.**