



**THRIVE  
HERE**

**TRAVERSE CITY  
STATE BANK**

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Traverse City State Bank is proud to be a part of our thriving region. Our Directors, Management, and staff are invested in the future of this community through personal involvement and support; with donations of time, talents, and finances to a multitude of non-profit organizations, events, and schools.

**We welcome your request to support a cause that is significant to you. Unfortunately, we cannot always say yes. To assist us in the decision making process, we depend on the following guiding principles:**

- **Events/organizations that complete this form fully**
- **Events/organizations that our Directors, staff, or customers are directly involved with as volunteers, Officers, or Directors**
- **Events/organizations that have local community ties that reinforce the Thrive Here philosophy of the Bank**
- **Events/organizations where we can help by using our products, services, and skills**
- **Requesting organizations or individuals that are customers of Traverse City State Bank**
- **Events/organizations that reside in the five-county area we serve**

Please fill out this form as completely as possible. We will be in touch within three weeks.

## Donation and Sponsorship Request Form

Date of request: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact person submitting request: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Name of event: \_\_\_\_\_

Date of event: \_\_\_\_\_

**(Please allow a minimum of three weeks from date submitted to process the request)**

What is the mission of the organization/event? \_\_\_\_\_

\_\_\_\_\_

City or Counties served: \_\_\_\_\_

Is the request for:

Monetary support

Item donation

Volunteers

Describe request: \_\_\_\_\_

\_\_\_\_\_

(Attach supporting documents if available)

Has Traverse City State Bank (TCSB) supported this request in the past?

Yes No

## Donation and Sponsorship Request Form

If yes, when? \_\_\_\_\_

In what capacity? \_\_\_\_\_

How will the donation be used? \_\_\_\_\_

\_\_\_\_\_

Describe the event audience: \_\_\_\_\_

\_\_\_\_\_

Anticipated attendance: \_\_\_\_\_

Does the organization have 501c3 status?    Yes    No

If yes, tax ID number \_\_\_\_\_

Does the organization or requesting individual have banking relationships with TCSB?

Yes    No

If yes, what type of accounts? \_\_\_\_\_

\_\_\_\_\_

Does the organization have relationships/associations with TCSB's Directors, Management or staff members?

Yes    No

Whom? \_\_\_\_\_

Why would TCSB be a good match for a sponsorship of this event?

\_\_\_\_\_

\_\_\_\_\_

How will TCSB be recognized?

\_\_\_\_\_

## Donation and Sponsorship Request Form

What are the benefits to the organization if this request is approved?

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Is the TCSB logo needed?            Yes    No

Format \_\_\_\_\_

Contact name for submission of logo \_\_\_\_\_

Contact's Email address \_\_\_\_\_

Does TCSB need to create an ad?    Yes    No

If yes--            Black & White            Color

Ad Specs \_\_\_\_\_

**Deadline for ad** \_\_\_\_\_

Contact name for submission of ad \_\_\_\_\_

Contact's Email address \_\_\_\_\_

Please attach previous year's ad if applicable

Is there a photo opportunity for TCSB?

Yes    No

When? \_\_\_\_\_

Where? \_\_\_\_\_

Would TCSB have permission to use this photo in future marketing endeavors?

Yes    No

Is there an opportunity for TCSB to participate in this event?

Yes    No

## Donation and Sponsorship Request Form

In what capacity? \_\_\_\_\_  
\_\_\_\_\_

### Payment Information:

Date funds are needed: \_\_\_\_\_

Check should be made payable to: \_\_\_\_\_

Check should be sent to: \_\_\_\_\_  
\_\_\_\_\_

### Please submit request to:

Traverse City State Bank  
Attn: Marianne Morgan  
P.O. Box 192  
Traverse City, MI 49685

### Or email:

[mariannem@tcsb.com](mailto:mariannem@tcsb.com)

Thank you for your request. We wish you great success with your event!