

**FIRST FEDERAL BANK OF FLORIDA**  
**Request for Contribution**

Name of Organization (Check payable to): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Is your organization a 501(3)(c)?:    Yes    No    If No, does this project have a charitable component? \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Commitment Needed by: \_\_\_\_\_

Date Funds Needed By: \_\_\_\_\_

Approximate number of people that will benefit from this project: \_\_\_\_\_

Which Concentration(s) applies to this request?

Well-Rounded Education and Financial Literacy

Community Sports Program

Community Reinvestment and Development

Improving the Health and Welfare of Families

Project Title (**describe what the donation is for**): \_\_\_\_\_

Did your organization receive support from First Federal in the past year?    Yes    No    Amount Received: \_\_\_\_\_

Does your organization consider First Federal as their primary bank?    Yes    No    If no, what would be instrumental for you to allow First Federal to serve your financial needs?  
\_\_\_\_\_

Are there any advertising or publicity opportunities with this request?    Yes    No    If yes, the following information is required:

Publicity/Advertising Contact Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Contact email address: \_\_\_\_\_ Deadline for ads/publicity: \_\_\_\_\_

Ad in program  
handout/yearbook

Ad in organization newsletter  
(electronic or paper format)

Logo for banner/sign

Logo for program/handout

Logo for website

First Federal booth space

during event

First Federal Banner

displayed at event or on

location

Live announcement during  
event

Photo opportunity with staff

Other (please elaborate

below)

None

**Please save and email completed form to [ContributionRequest@ffbf.com](mailto:ContributionRequest@ffbf.com) or print and drop off at your nearest branch.**

Request Received By: \_\_\_\_\_ Date Request Received: \_\_\_\_\_

Approved/Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Date Approved/Sent to Accounts Payable: \_\_\_\_\_

Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_