

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 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:

