



## Charitable Giving Request for Support

Please complete the following form and submit with all other donation request materials to the following address:  
Or fax to 508.568.3473

ATTN: The Cooperative Bank of Cape Cod  
Charitable Giving  
25 Benjamin Franklin Way  
Hyannis, MA 02601

### General Information

Legal Name Of Organization: \_\_\_\_\_

501(c)(3) Tax ID Number: \_\_\_\_\_

Executive Director: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you a customer of The Cooperative Bank of Cape Cod? Yes No

### Organization Information

Briefly describe the history and mission of your organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Description Of Funding Request

Briefly describe the goals and objectives for the funding request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Additional Information Required

Amount of Request: \_\_\_\_\_

Name of event (if applicable): \_\_\_\_\_

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

Date of Application \_\_\_\_\_