



CHARITABLE GIVING PROGRAM

BankFive is committed to supporting its local community through our Charitable Giving Program, in which funds are set aside to provide support to worthwhile, non-profit and civic organizations. Completed Requests are carefully evaluated and considered by a Charitable Giving Committee. A minimum of 2 months prior to the deadline is needed to evaluate and process incoming requests. The Charitable Giving Committee meets once a month.

Guidelines for Donation and Grant Requests:

With the growing need in our communities for charitable dollars, BankFive has determined the following will be the areas in which our contributions will be targeted to create the largest impact with a limited budget:

- Programs that support youth education including financial literacy
- Health and social service programs affecting the youth and elderly in our local community assisting low to moderate income citizens
- Programs that will make a positive impact enhancing business and economic development

Under no circumstances does BankFive contribute to political parties, candidates, or fundraising events, or any organization that discriminates on the basis of gender, identity, religion, race, age, ethnicity, marital status, or sexual orientation.

Procedure for Submitting Request:

Complete the attached Donation Request Form and the required documentation 2 months prior to the deadline is needed.

- Include copy of 501C(3) Non-Profit Status Form
- Include copy of Taxpayer Identification Number (W-9 Form)
- Include brief cover letter on organizational letterhead, providing all relevant information not included in the Donation Request Form, including Mission Statement
- Include Sponsorship levels and ad specification materials, if applicable

A completed Request Package can be submitted in writing to:

BankFive
Charitable Contributions Committee
Attn: Andrea Rodrigues
P.O. Box 1191
Fall River, MA 02722
Phone: 774.888.6176

A digital copy of the package can also be emailed to charitable@bankfive.com.



Submit to:
 BankFive
 Charitable Contributions Committee
 Attn: Andrea Rodrigues
 P.O. Box 1191
 Fall River, MA 02722-1191
 or
 Email: charitable@bankfive.com

Donation Request Form

Date of Request: _____ Person Making Request: _____
 Organization: _____ Year Established: _____
 Physical Address: _____
 Mailing Address: _____
 Contact Method (phone, fax, email, or cell): _____

Required Documentation: Taxpayer Identification Number (W-9 Form); copy of 501C(3) Non-Profit Status Form

Is this organization a 501-(c)3 nonprofit agency?

Is this organization a member of United Way?

What is the organization's primary mission? _____

Amount Requested: \$ _____ Check made payable to: _____

Funds needed by: _____

Detailed description of how funds will be used. _____

What percentage of amount requested will be used for programs? _____

How does this organization or this event help low-to-moderate income groups? _____

The funds will be used to benefit the following: (check all that apply)

- | | |
|---|---|
| Affordable Housing: Low/Moderate Income | Health Care |
| Child Care | Revitalization a Low/Moderate Income Area |
| Economic Development | LMI Youth Program |
| Elderly Services | Veteran Programs/Assistance |
| Financial Education | Food Insecurity |

What area will the funds benefit? (City, State) _____

Signature of Person making request: _____