



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 every second Tuesday of the 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 Amaral Rodrigues
P.O. Box 1191
Fall River, MA 02722
Phone: 774.888.6176

Or fax to: 774-888-6562

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



Submit to:
BankFive
Charitable Contributions Committee
Attn: Andrea Rodrigues, Vice President
79 North Main Street
Fall River, MA 02720

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-(c3) nonprofit agency? Yes No
Is this organization a member of United Way? Yes No
What is the organization's primary mission? _____

Amount Requested: \$ _____
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 Community Services for Low to Moderate Income Individuals:
Child Care Health Care Financial Education
Economic Development Elderly Services
Revitalization of a Low or Moderate Income Geography

What area will the funds benefit? (City, State) _____
Signature of Person making request: _____

BankFive.com | o. 774.888.6100 | toll free 800.679.4420 | 79 North Main Street, Fall River, MA 02720