

Request for Donation/Sponsorship — please print			
Date		Amount Requested \$	
Name of Organization		501(c)3 or Tax ID#	
Address			
City, State, Zip			
Contact Person			
Phone Number			
E-mail			
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Specifics			
Provide a brief descr	iption of how the funds will be used		
Has this request been submitted in the past? Yes No If yes, what year?			
Community Suppor	rt		
Please list the benefits of this donation			
1. For the or	rganization		
2. For the bank			
If applicable, please	provide ad specifications:		
Size:	File format:	Date needed:	
Linai to			
Signature			
Signature		Date	
After completing, please mail to the address below or drop off at the Mid Penn Bank branch closest to your			
organization. Please include any supporting documentation i.e. program books, organization letter, sponsorship packet, etc. Check out our website for locations & hours at midpennbank.com.			

Mid Penn Bank Attn: Marketing 2405 Park Drive Harrisburg, PA 17110