



**DONATION REQUEST APPLICATION**

Name of Organization:		
Federal Tax Identification Number:		
Address:		
City:	State:	ZIP Code:
Telephone:		Fax:
Primary Contact:		Title:
Primary Contact Telephone:		Primary Contact E-Mail:
Please provide a brief overview of your organization and its mission:		
Date of Application:		Dollar Amount/Item Requested:
Briefly describe the nature of the request:		

The undersigned certifies that they are authorized to represent the organization applying for a contribution and that the information contained in this application is accurate. The undersigned agrees that if a contribution is awarded to the organization: (1) the contribution will be used for the purpose outlined in the award letter and may not be expended for any other purpose without prior written approval from American Bank Center, (2) American Bank Center has received nothing of material value, aside from sponsorship benefits, in exchange for the contribution.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

Please submit your completed application to [cskabo@weareamerican.com](mailto:cskabo@weareamerican.com) or mail to:

**Cill Skabo  
American Bancor, Ltd.  
46 1<sup>st</sup> St. W.  
Dickinson, N.D. 58601**

<b>FOR OFFICE USE ONLY.</b>	
Does the request fit into one of American's funding priority areas? YES _____ NO _____	
Qualifies for CRA _____	Does not qualify for CRA _____