

Working Together, Achieving Success.

Charitable Contribution Request Form Attn: Marketing Department • PO Box 26 • Fort Atkinson, WI 53538 • 920.563.2478

Group or O	rganization Informat	tion	
Date of Reques	st:	Date Request Needed:	
		State:	
Person Making	the Request:		
Title:		Phone:	
Email Address:		Fax:	
Organization's	Primary Purpose/Mission:		
Is your group o	r organization a 501(c) (3)	nonprofit agency?	□YES □NO
Is your group o	r organization a customer	of Badger Bank?	□YES □NO
Are there any E	Badger Bank employees in	volved with your group or orgar	nization?
□YES F	Please list:		
□NO			

Details of Request			
Purpose of your request/Name of Event:			
Location of Event: Fort Atkinson, WI Gambridge, WI Johnson Creek, WI Jefferson, WI Other:			
Type of Request: (Check all that apply)			
□Volunteer Support □Giveaway item(s) # of items requesting:			
Advertising Information			
Will there be any advertisement/promotions featuring Badger Bank?			
□YES □NO If YES, please describe:			
What format do you need to receive our logo? □pdf □jpg □other: Email address to send logo:			
Internal Use Only			
Date received by BB: Date processed by BB:			
Approved? Approved by:			
BILLING DEPARTMENT INSTRUCTIONS			
GL# AMOUNT \$ Please forward the request to:			