



Cross Keys Bank

Application for Funding Support

Contact Information		
Date of Application		
Organization/Event Name		
Federal Tax ID # *Please provide a copy of your W-9 with this application		
Primary Contact	Phone Number	Email Address
Mailing Address (City, State, Zip)		
Street Address (City, State, Zip)		
Organization Website		

Funding Information
Amount of funding requested
Event date, time and location, if applicable

Area of Support (Please check area of support to which the funding applies)
<input type="checkbox"/> Youth & Education: Ensures children are safe, healthy, and enter school ready to learn while engaging school-aged children to be confident, responsible and happy.
<input type="checkbox"/> Family & Health: Provides food to eat, a roof overhead, access to health care, and safe, healthy productive lives.
<input type="checkbox"/> Community Arts: Offers cultural enrichment and artistic education.
<input type="checkbox"/> Economic Development: Supports community and civic activities as well as local economic development.
<input type="checkbox"/> Other: Please describe _____

Please mail application to the following location:

Cross Keys Bank
Marketing – Sponsorships
1401 Hudson Lane, Suite 238
Monroe, LA 71201

www.crosskeys.bank





Cross Keys Bank

Description of Organization and/or Event

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Description of Benefits or Considerations the Bank will Receive

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Description of (Any) Account Relationship(s) with Cross Keys Bank

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Additional Requirements

Please include a copy of your W-9 with your application. In addition, please attach a list of Board of Directors and an annual report if applicable. If there is any additional information that would help us make a better decision regarding your request please attach it as well.

Thank you for your request.