



## REQUEST FOR SPONSORSHIP APPLICATION FORM

**Name of  
Organization**

**TAX IA /EIN Number**

**Address:**

**Contact Person:**

**Contact Telephone  
Number:**

**Contact Email  
Address:**

**Amount Requested:**

\$

**Timeframe of when  
Funds are needed:**

**1. Provide a brief summary of the organization's history, mission, goals, and accomplishments.**



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2. Describe the project/program for which funds are being requested, its objectives, and the problems/issues to which it is responding.

3. To be considered for a contribution or donation, organizations must be consistent with the Citizens Trust Bank's Requirements and Priorities:

Requirements:

Is (Does) your organization:

A current Citizens Trust Bank customer in good standings?

YES

NO

Located or providing service in Citizens Trust Bank's markets?

YES

NO

Have broad community support and address specific community needs

YES

NO

Target individuals or communities of low- to moderate- income;

YES

NO

Have any CTB employees as volunteers?

YES

NO



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Who?

**Priorities:**

**How does your organization align with one or more of the Citizen Trust Bank focus areas of Community Well-being, Business Community Sustainability, Financial Empowerment?**

**How does your organization help build inclusive and diverse communities?**

**Describe how this event will enhance Citizens Trust Bank's image in the community?**



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4. Explain the specific measurements and goals that will be used to determine the success of this project/program/event

5. How many sponsorship level opportunities does this event have?

Please describe in greater detail:

	NAME	AMOUNT	AD SIZE	# OF TICKETS
TOP LEVEL				
MIDDLE LEVEL				
LOWEST LEVEL				

PLEASE SUBMIT THE COMPLETED FORM VIA EMAIL TO [MARKETING@CTBATL.COM](mailto:MARKETING@CTBATL.COM) OR BY US MAIL TO CITIZENS TRUST BANK, MARKETING DEPARTMENT, P.O. BOX 56943, ATLANTA, GEORIGIA 30303

Thank you for putting your trust in us.