



Donation / Sponsorship Application

State Bank Financial is ready to support organizations in their efforts to serve our communities. It is not an easy decision to select donation / sponsorship recipients from among so many worthwhile programs. To help us in considering your appeal, please complete the following application.

Group or Organization Name: _____

Contact Name: _____ Contact Title: _____

Contact Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

What communities does your organization support? _____

Please describe your request _____

Who will benefit from this donation or sponsorship? _____

How will they benefit? _____

What are the benefits to the bank if this request is approved? _____

Has State Bank Financial received this request in the past? Yes No

Does the organization have a current account relationship with the bank? Yes No

Dollar amount or items requested: _____ Date response is needed: _____

Signature : _____ Date: _____

Please attach a copy of any additional information about the event or fundraiser to this application. Be sure to include a copy of any State Bank Financial ads that have been published in the past. Unless otherwise specified, please return this form to the following address:

Attn: Marketing Department
State Bank Financial
401 Main Street
La Crosse, WI 54601
Fax: 608.791.4271

For Bank Use Only

Approved by: _____

Notes: _____
