



## Charitable Giving Request: Summary Form

Please complete and return this form, along with supporting materials, to [charitablegiving@thebankofcanton.com](mailto:charitablegiving@thebankofcanton.com).  
 You may also mail to: Bank of Canton Charitable Giving Program, 490 Turnpike St., Canton, MA 02021, or fax to 781.830.6497.

General Information				
Legal name of organization:				
Date:				
501c(3) Tax ID #:				
Executive Director:				
Requester:				
Telephone:				
Email address:				
Street address:				
City:		State:		ZIP:
Amount of request:				
Brief description of organization, and who it serves (up to 200 words):				
Brief description of how funds will be used:				

Type of Request: (check one)				
<input type="checkbox"/> General capital	<input type="checkbox"/> Ongoing program	<input type="checkbox"/> Event	<input type="checkbox"/> One-time expense	<input type="checkbox"/> Other (please specify):

Event Information: (if applicable)	
Name of Event:	Date of Event:

Marketing/Advertising Information: (if applicable)				
Deadline for receiving logo/ad materials:				
Ad specifications:	<input type="checkbox"/> Color	<input type="checkbox"/> B&W	Size (inches):	Width x Height
Format of ad file:	<input type="checkbox"/> PDF	<input type="checkbox"/> JPEG	<input type="checkbox"/> Other (please specify):	
Send logo/ad file(s) to:	Name:	Email:		
Additional notes:				