



## 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, attn.: Marketing Department, 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:				