 CHARITABLE GIVING REQUEST FORM

Ledyard National Bank supports the welfare of the communities it serves through charitable donations and sponsorships. To assist in evaluating your request, please complete our standard request form. If you have additional information you would like to submit, please attach it to this document.

1. **Organization Name:**
2. **Is the organization a non-profit?**

*Please attach 501c3 IRS letter for your organization or the non-profit clearing house used.*

1. **Mission or vision of the organization:**
2. **Communities served by the organization:**

*If you serve both NH and VT please provide a percentage for each state.*

1. **Amount of request: $**
2. **Date of event or deadline for receiving funds:**
3. **Brief description of the purpose of the request and how it will benefit the organization:**
4. **Contact person name/title/phone/email if additional information is needed:**
5. **Mailing address for the organization:**

**\*For the next three questions, low to moderate income (LMI) is defined by the Department of Housing and Urban Development guidelines: $85,200 or under for NH; $75,760.00 or under for VT\***

1. **Does the primary purpose of the donation or sponsorship meet one of the following criteria?**

**Activities that revitalize or stabilize:**

Low to moderate income areas

Designated disaster areas

**Promote economic development** (supports permanent job creation, retention and /or improvement for persons who are currently low to moderate income)

**Affordable Housing**

**Community Service, choose best answer below.**

health care facilities  day care operations

battered women’s centers  job training programs

youth programs  legal aid

homeless centers  credit counseling

financial literacy programs  soup kitchen

alcohol and drug recovery programs  day care operations

home ownership / maintenance counseling

day care operations

other:

1. **Will the donation primarily benefit low to moderate income individuals or families?**

*If yes, please attach supporting documentation as identified below. Please note, without supporting documentation we may not be able to consider your request.*

* *Data showing percentage of LMI families or individuals served.*
* *Signed letter from organization stating that LMI families or individuals are the primary beneficiaries of your services.*

1. **If the organization does not primarily serve LMI individuals or families, does the organization have specific programs targeted to, or primarily for the benefit of LMI individuals or families?**

*If yes, please provide the following information:*

**Program name:**

**Description of the program and how it impacts LMI individuals or families:**

**Approximate number of LMI individuals or families served by the program:**

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If you have questions, or to submit the completed form: [marketing@ledyard.bank](mailto:marketing@ledyard.bank)

Via Post: Charitable Committee Chair

Ledyard National Bank

2 Maple Street

Hanover, NH 03755

603-790-1773

