

## DONATION/SPONSORSHIP REQUEST

Organization Name: \_\_\_\_\_

Address (Street/City State/Zip): \_\_\_\_\_

Name & Title of Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_ Tax I.D. Number: \_\_\_\_\_

Is the organization:

A 501 (c) 3 Organization? ☐ Yes ☐ No

A Local Chapter of National Charity? ☐ Yes ☐ No

A Customer of Milford Federal Bank? ☐ Yes ☐ No

Mission Statement of the Organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Organization's Activities Focus On:

Does the organization support affordable housing (including multi-family rental housing)?

If yes, please list supported communities: \_\_\_\_\_

Does the organization support community service such as; health care facilities, battered women's centers, youth programs, homeless centers?

If yes, please list supported communities: \_\_\_\_\_

Does the organization promote economic development by financing businesses or farms eligible in size (supports permanent job creation & retention in areas directed toward redevelopment state/local governments)?

If yes, please list supported communities: \_\_\_\_\_

Does the organization support activities that revitalize/stabilize areas such as; Designated Disaster Areas or Distressed/Underserved Nonmetropolitan areas designated by: FRS, FDIC and OCC?

If yes, please list supported communities: \_\_\_\_\_

Other Community Service (explain): \_\_\_\_\_  
\_\_\_\_\_

Does the Organization support Milford Federal's Community Reinvestment Area?

If yes, please explain how: \_\_\_\_\_

Areas Supported;

Massachusetts: Bellingham, Blackstone, Douglas, Franklin, Grafton, Holliston, Hopedale, Medway, Mendon, Milford, Millville, Northbridge (Whitinsville), Sutton, Upton, Uxbridge.

Rhode Island: Burrillville, Central Falls, Cumberland, Lincoln, North Smithfield and Woonsocket.

List Any Milford Federal Bank Employees that Volunteer for the Organization: \_\_\_\_\_

The Community Reinvestment Act of 1977 (CRA) encourages certain insured depository institutions to help meet the credit needs of the communities in which they are chartered, including low- and moderate-income (LMI) neighborhoods, consistent with the safe and sound operation of such institutions.

Community Reinvestment Act, <https://www.occ.treas.gov/topics/consumers-and-communities/cra/index-cra.html>

## TELL US ABOUT YOUR DONATION REQUEST

Name of The Program or Project for which you are Requesting Funding-along with a brief description. Please also include, how the community will benefit from it: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of Request: \_\_\_\_\_ Number of Individuals Directly Benefiting: \_\_\_\_\_

Will Milford Federal Bank be Recognized for this Donation? If so, how?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Key Information:

Date of Event/Program: \_\_\_\_\_

Date by which Funds are Requested by: \_\_\_\_\_

Date by which Content/Logos are needed to be Received: \_\_\_\_\_

Email/Address to Submit Artwork: \_\_\_\_\_

Please allow Milford Federal Bank a minimum of two weeks to process your request. If approved, you will receive a check by mail.

Please send Request to:

Milford Federal Bank  
ATTN: Vanessa Ashton  
246 Main Street  
Milford, MA 01757

Email: [DonationRequests@Milfordfederal.com](mailto:DonationRequests@Milfordfederal.com)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Approved/Declined: \_\_\_\_\_

Date Received: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Date Letter Sent: \_\_\_\_\_

Signature: \_\_\_\_\_