

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

Signature of Applicant: _____ Date: _____

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Date Approved/Declined: _____

Date Received: _____

Amount Approved: _____

Date Letter Sent: _____

Signature: _____