



First Security Bank
DIVISION OF GLACIER BANK

RAFFLE BASKET DONATION FORM

Today's Date: _____ Date Needed: _____ Amount of Request: _____

Name of Organization: _____

Tax ID Number of Organization: _____

Physical Address: _____

Mailing Address (if different): _____

Name/Title of Person Making Request: _____

Contact Phone #: _____ Contact Email: _____

Event Date and Basket Purpose:

Is this organization a 501-c(3) Not For Profit Agency?

☐ Yes

☐ No

Does the organization bank with First Security?

☐ Yes

☐ No

Will our donation be acknowledged in any way?

☐ Yes

☐ No

(i.e. banners at the event, logo on t-shirts, program listings, thank you ads, etc.)

Please submit this application, along with a completed IRS Form W-9 and other applicable documentation in one of the following ways:

- Email: fsbdonations@fsbmsla.com
- Drop off: 1704 Dearborn Ave in Missoula, or at your local branch in Ravalli and Sanders Counties