



# CAPITOL BANK

## External Requests for Donations

\_\_\_\_\_  
Your Name ^

\_\_\_\_\_  
Requesting Organization and/or Event ^

**Amount:** \_\_\_\_\_ **Date/s of Event:** \_\_\_\_\_  
Date (or Start Date) ^ End Date ^

**Type of Request** (check all that apply):

Donation    Event Sponsorship    Networking    Tickets    Other: \_\_\_\_\_

**Golf Outing:**    Yes    No    Hole Sponsor    Foursome

**Relationship to Capitol Bank** (check all that apply):

Personal Customer    Business/Nonprofit Customer    Affiliated w/Capitol Bank Employee    Other: \_\_\_\_\_

Please provide any additional details you would like considered:

**CLICK HERE to submit this form to Capitol Bank**

Or email this form to [dl-capcares@capitolbank.com](mailto:dl-capcares@capitolbank.com) and attach any other pertinent information regarding your request.