



Community Support Application

Date of Application:

Organization/Individual Name: _____

Address: _____ City: _____ State: __ Zip code: _____

Email: _____ Website (if any): _____

Organization Contact (if different than applicant name): _____

Title: _____

Email: _____

Phone Number: (work) _____ (Cell) _____ (Fax) _____

Did you already speak with a Gateway Bank Representative/Management staff member regarding your request? Yes __ No __

If yes, with whom did you speak? _____

Organization Mission:

How many communications/individuals are served by your organization? Please state the county and city that your organization serves.

Does your organization have current status as a 501(c)3 non-profit organization? (Please attach your IRS 501(c)3 letter and signed, dated current W9)

GWB:CSD:2018

