



Donation Request Form

Name of Organization:		Event Type:	
Contact Name:		Phone Number:	
Mailing Address:			
City:	State:	Zip:	
Email:		Website:	
Please provide a summary of your organization's mission:			
Please describe your affiliation with the organization:			
Donation Amount Requested: \$		Date of Event:	
What will the donation support or be used for?:			
Does the organization carry 501(c)(3) designation?:		Is the organization affiliated to a political party?:	
Please list any Viking Bank employees or board members associated with your organization:			

Request forms can be dropped off at the Alexandria or Ashby offices or by emailing support@vikingbankmn.com. If you have questions about the Donation Request Form, please contact us at 320-762-0236.