

Please fill in the following form to be considered for a NHCIBOR Cares Donation.

Contact Information:

Name

Email

Phone

Organization Name

Address

City/State/Zip Code

Organization Description:

Years in Operation

Mission

Program & Services

Annual Operating Budget

Is your organization a 501(c)(3) organization? Yes or No

Is this request for a Matching or Challenge Grant? Yes or No

Amount of request: \$

Description of Need:

Specific Activities - bullet point format preferred

Objectives & Goals of this Request - bullet point format preferred

Other Relevant Information



All requests for donations are reviewed by the Board on a quarterly basis. Upon review, the Board will respond to all inquiries. Please do not send multiple requests or attempt to contact the Board during this period.

Submit donation requests to David Silva: dsilva@partners.bank