

CHARITABLE GIVING PROGRAM

NHTrust is committed to supporting its local community through our Charitable Giving Program, in which funds are set aside to provide support to worthwhile, nonprofit and civic organizations. Completed Requests are carefully evaluated and considered by our Charitable Giving Committee. A minimum of 2 months prior to the deadline is needed to evaluate and process incoming requests. The Charitable Giving Committee meets once a month.

Guidelines for Donation and Grant Requests:

With the growing need in our communities for charitable dollars, NHTrust has determined the following will be the areas in which our contributions will be targeted to create the largest impact with a limited budget:

- Programs that support youth education including financial literacy
- Health and social service programs affecting the youth and elderly in our local community assisting low to moderate income citizens
- Programs that will make a positive impact enhancing business and economic development

Under no circumstances does NHTrust contribute to political parties, candidates, or fundraising events, or any organization that discriminates on the basis of gender, identity, religion, race, age, ethnicity, marital status, or sexual orientation.

Procedure for Submitting Request:

Complete the attached Donation Request Form and the required documentation 2 months prior to the deadline is needed.

- Include copy of 501C(3) Non-Profit Status Form
- Include copy of Taxpayer Identification Number (W-9 Form)
- Include brief cover letter on organizational letterhead, providing all relevant information not included in the Donation Request Form, including Mission Statement
- Include Sponsorship levels and ad specification materials, if applicable A completed Request

Package can be submitted in writing to:

NHTrust
Charitable Contributions Committee
Attention: Debbie Irwin, VP Marketing Officer
89 N. Main Street
Concord, NH 03301
Email: dirwin@nhtrust.com

Not FDIC Insured	Not Bank Guaranteed	May Lose Value
Not a Bank Deposit	Not Insured by Any Federal Government Agency	

Meeting with NHTrust is without obligation or cost.

Date of Request: _____

Organization Name: _____

Mailing: _____

Address: _____

Phone: _____ Email: _____ Contact: _____

Required Documentation: Taxpayer Identification Number (W-9 Form); Copy of 501C(3) Status Form

Is this organization a 501C(3) nonprofit agency?

Is this organization a member of United Way?

What is the organization's primary mission? _____

Amount Requested: _____ Check made payable to: _____

Detailed description of how funds will be used: _____

How does this organization or this event help low-to-moderate income groups? _____

The funds will be used to benefit the following: (check all that apply)

- Affordable Housing: low/moderate income
- Child Care
- Economic Development
- Elderly Services
- Financial Education
- Health Care
- Revitalization of a low/moderate income area
- LMI Youth Program
- Veteran Programs/Assistance
- Food Insecurity
- Other _____

What area with the funds benefit? (City, State) _____

Signature of Person making request: _____

NHTrust | 603.223.2712 | 89 North Main Street, Concord, NH 03301 | NHTrust.com

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