Donation Request Form

Thank you for your interest in supporting The Burke & Herbert Bank Foundation. Please review our guidelines and submit your application below. Please note, we request your information to assist our team to connect with you about your request for donations.

you about your r	equest for donations.
Does your requ	est comply with the above eligibility requirements?
Yes	If yes, explain:
No	
	vation a $501(c)(3)$ non-profit? If so, please include a copy of your IRS Determination Letter porting documents.
Yes	
No	
Has your orga Foundation?	inization previously requested funding through the Burke and Herbert Bank
Yes	
No	
YOUR CON	TACT
Your Name	
Your Role / Title	9
Email Address	
Phone Number	
ORGANIZA	ATION INFORMATION
Organization	

Executive Direction

Tax ID/ EIN (00-000000)

Website

Address

Address Line 2
City
State
ZIP
Please provide a brief overview, mission, or the purpose of your organization.
Are you an employee of Burke & Herbert Bank or its affiliates?
Yes
No
Does a Burke & Herbert Bank employee or a Burke & Herbert bank affiliate employee serve on a board or committee?
Yes
No
If yes, please list the employee's name title, and role with the organization.
Please list the name(s) of a Burke & Herbert Bank employee who is knowledgeable of your entity's mission and application:

