

Contribution Form

Mail this form and your contribution to:
Community BancPac
901 Community Drive
Springfield, IL 62703

NAME: _____

TITLE: _____

BANK: _____

ADDRESS: _____

CITY/ZIP: _____

CONTRIBUTION AMOUNT: \$ _____

Check here if you would like more
Information about payroll deduction.

Check here if you would like more brochures
for employees, directors, or customers.

**Please make checks payable to
Community BancPac.**