



People you can bank on.®

Donation / Sponsorship Request Form

Date of Request: _____

Organization Name: _____

Mission: _____

501(c)(3) #: _____

Does the mission of your organization serve primarily the low to moderate income population? Yes No Not Sure

Event Name/Description (if applicable): _____

Event Beneficiary (if applicable): _____

Event Date (if applicable): _____

Amount Requested: _____

Donation will be used for the purpose of: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Please mail OR email this form along with any additional materials regarding your request (if applicable) to the following:

Quad City Bank & Trust
Donation Request
1700 Division Street
Davenport, IA 52804

Our Sponsorship/Donation Committee meets monthly. The deadline for a sponsorship request is 6 weeks prior to your event. We will contact you if your donation or sponsorship request is approved.

We wish your fundraising efforts the very best!