

four Community Bank				
REQUEST FOR SU	PPORT FORM			
Date Request Form S	Submitted:			
Date of Request from	n the Organization (If di	ifferent from	form submission):	
Name of QNB emplo	yee recommending spo	nsorship for o	consideration:	
Name of Individual v	who filled out/complete	d this paperv	vork:	
Organization's Infor	mation			
Organization Name:			Contact Phone/Ext./Cell:	
Contact at Organization:			Email:	
Address:			Organization Phone #:	
City, State, Zip:			Website:	
Tax ID (submit W-9 with	the request if not already on	file with QNB):	IRS Recognized nonprofit ☐ Yes ☐ No	1?
QNB Customer: ☐ Yes ☐ No	QNB Services Utilized by Customer (Check all that apply): □ Checking/Savings □ Loan □ Investments □ Business □ Consumer/Retail			
If approved, is the address above where the check should be mailed? ☐ Yes ☐ No		If NO, address where the check should be delivered:		
Does a QNB Employee Serve on the Organization's Board/Committee(s)? ☐ Yes ☐ No		If YES, in what capacity:		
☐ Berks County, I	e organization serves: PA	PA	ounty, PA	
Does the organization ful organizations?		If yes, list organ	izations:	
Request Details				
Type of Support: (check all that apply): □ Event Sponsorship □ In-Kind Donation (QNB Supplies or Promotional Materials □ Contribution Donation (Monies donated without sponsorship exchange)				
If a monetary donation o	r event sponsorship, indicate	the amount req	uested:	
If in-kind donation, indica	ate support requested:			
Has the organization reco and/or donations from C months?	NB in the previous 12	If yes, provide d	etails:	

If Event Sponsorship, please complete the following:				
Name of event:				
Description of event:				
Event Date/Time:				
Event Location:				
(venue name/full address)				
Does the Sponsorship include ti	ckets to the event (if applicable)?	If YES, how many?		
Is there an opportunity for QNE ☐ Yes ☐ No	to participate in the event?	Describe the opportunity:		
QNB Ad or Artwork Requested?	If YES, Ad/Artwork Due Da 15 business days before A	te (Note - technical specifications must be provided a minimum o d/Artwork due date):		
Ad/Artwork Requirements; Paperwork included with this request form:				
attach paperwork or note	☐ Yes ☐ No			
specifications.	specifications: If NO, list other details (size, file format, etc.):			
Submit Artwork to email:				
For Community Reinvestment tracking				
Yes No No No No No If YES, which area of Community Development does your organization support (Check all that apply): Affordable housing, including multi-family rental for low- or moderate-income persons; Community Services (e.g., childcare; education; health; social services; etc.) targeted to low- or moderate-income persons. Economic Development activities that include creation/retention/improvement of permanent jobs for low- or moderate-income persons or places targeted for redevelopment by federal, state, or local government; finance of small businesses and farms that meet the size eligibility standards of the SBA's Development Company or Small Business Investment Company programs or have gross annual revenues of \$1 million or less Revitalization/Stabilization activities that support low- or moderate-income and/or distressed and underserved areas. Other (if selecting other, explanation required):				
QNB Internal				
Vendor #	CIF/Customer ID	QNB Contact Name:		
Individual Approval ☐ Yes ☐ No	Individual			
Exec Approval required Yes No	If YES, who?			