



# REQUEST FOR SUPPORT

Date of request	
Name of organization	
Contact Person	
Address	
City, State, Zip	
Phone Number	
Federal Tax ID Number	

Request for:     Monetary Support     Item Donation (*door prize, handouts, etc.*)     Both

Amount(\$)/item requested: \_\_\_\_\_ Date of event: \_\_\_\_\_

## Please describe your request...

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Does the organization have a current account relationship with QNB?     Yes     No

If yes, what type of account(s)?     Checking     Savings     Money Market     Investments  
 Certificate of Deposit     Loans  
 Other \_\_\_\_\_

Has QNB received this request in the past?     Yes     No

What are the benefits to the organization if this request is approved?

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What are the benefits to QNB if this request is approved?

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What are the benefits to our community if this request is approved?

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Signature \_\_\_\_\_  
*Please return your completed request to any QNB Branch or mail to QNB, PO Box 9005, Quakertown, PA 18951*

## FOR BANK USE ONLY

Employee name: \_\_\_\_\_ Branch/Department: \_\_\_\_\_ Ext.: \_\_\_\_\_

Recommendation: \_\_\_\_\_

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Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_