

Donation / Sponsorship Request Form

Date of Request:						
Organization Name:						
Mission:						
501(c)(3) #:						
Does the mission of your organicome population?	nization serve p	rimarily the low to m	oderate	□ Yes	🗆 No	□ Not Sure
Event Name/Description (if ap	plicable):					
Event Beneficiary (if applicable	le):					
Event Date (if applicable):						
Amount Requested:						
Donation will be used for the p	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:

Cedar Rapids Bank & Trust Donation Request 500 1st Ave NE, Ste 100 Cedar Rapids, IA 52401

The deadline for a sponsorship/donation 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!