



**Q & C Cares** is the community outreach program of our practice. We are proud to sponsor a variety of athletic, academic, cultural and charitable programs. Please provide information on your program and attach any paperwork so we may consider it for Q & C Cares.

Your Name: \_\_\_\_\_

Are you/family member a Quimby & Collins Patient? (Please Check) Yes  No

If yes, patient name: \_\_\_\_\_

Your contact number and email: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Description: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Deadline: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

Make Check Out To: \_\_\_\_\_

Mail Check To: \_\_\_\_\_

Art/Logo required? What form? (black and white, color, 4c, pdf, eps., jpeg, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Why is this program important to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for giving us the chance to learn and participate in your program!

We review programs weekly and will contact you if we are able to participate.