

Community Contribution Request Form

Organization: _____

Contact Name: _____ **Title:** _____

Email: _____ **Phone:** _____

Address: _____ **City, State, Zip:** _____

Event / Program Details:

Name of Event / Program: _____ Date: _____

Description: _____

How would you describe your event or organization?

Community / Civic Activity Education Related Health Organization Non-Profit Organization Youth Focused

In which area will this program help to improve the health of the people in our service area?

Patient Care Coordination Mental Health Services Enhancement Elder Care Services

General Health and Fitness Other: _____

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

Target audience and number of people impacted by program:

How is the event promoted? _____

Levels of giving/sponsorship available and forms of recognition at each level:

If request is not awarded this quarter, do you want it considered next quarter? Yes No

Monetary Donation Request:

Requested dollar amount: _____ Date Contribution Needed: _____

Check made payable to: _____

How is the money used? (% to program, expenses, national organization, etc.)

In-kind Request: please select appropriate item(s)

Door prize (estimated dollar amount: _____) Pens Bags Other: _____

Trinity brochures, health education information Banner Deadline: _____

Artwork Request: please select appropriate item(s)

Trinity Logo Format: JPG EPS COLOR BLACK/WHITE

Trinity Ad Size: _____ COLOR BLACK/WHITE Deadline: _____

FOR OFFICE USE ONLY Date received: _____ Date reviewed: _____

APPROVED by: _____ Amount \$ _____

Date notified: _____ Date submitted for payment: _____

In-kind Donation: _____

W9 received: YES / NO N/A Service Line / Strategic Initiative met: _____

DECLINED Date notified: _____ Reason: _____

Consider in next quarter: YES / NO

Return form to:

UnityPoint Health – Fort Dodge Administration, Request for Contributions, 802 Kenyon Road, Fort Dodge IA 50501.