



UnityPoint Health

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?

Health Organization Community/Civic Activity Education Related Other Non-Profit Organization

Does your organization have 501(c)(3) status with the IRS? Yes No

In which area will this program help to improve the health of the Greater Peoria area?

Promoting Health Management Disease Prevention and Support Services Mental Health Services General Wellness 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: _____

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 Other: _____

Artwork Request: please select appropriate item(s)

Methodist | Proctor Logo Format: JPG EPS COLOR BLACK/WHITE

Methodist | Proctor Ad Size: _____ COLOR BLACK/WHITE Deadline: _____

Brochures, health education information Banner 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: _____