



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 Other:

In which area will this program help to improve the health of the people of Siouxland?

- Patient Care Coordination Mental Health Services Enhancement Senior Care Services

- Health and Nutrition Prenatal Care 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: (can attach document) \_\_\_\_\_

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:

- St. Luke's brochures, health education information Banner Deadline:

Artwork Request: please select appropriate item(s)

- St. Luke's Logo Format: JPG EPS COLOR BLACK/WHITE

- St. Luke's Ad Size: \_\_\_\_\_ COLOR BLACK/WHITE Deadline: \_\_\_\_\_

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