



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 / S / NO