

# DONATION APPLICATION FORM



Date: \_\_\_\_\_ Legal Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address of Organization \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Dollar Amount Requested: \$ \_\_\_\_\_ Date Needed By: \_\_\_\_\_

In-Kind (Products or Equipment): \_\_\_\_\_

Please describe specific event associated with this request:  
\_\_\_\_\_

Will this donation impact any of the following areas? (Check all that apply)

- Substance Misuse (drug, alcohol, tobacco)
- Behavioral/Mental Health (access to services)
- Chronic Disease Prevention & Management / Overall Wellness

Has your group received a Foundation donation in the past?

- Yes                       No

Is your group a 501c (3) charitable organization?

- Yes                       No

If approved, check should be made payable to: \_\_\_\_\_

Address where check is sent: (if different than above): \_\_\_\_\_

All donations may be published on social media and submitted to local news agencies.

For Office Use Only			
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Authorizing Employee	
Date			