



## Community Donations Request Form

Today's Date: \_\_\_\_\_ Date Donation Needed: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Please allow 4-6 weeks turnaround time.

Event/Activity: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Organization's Address: \_\_\_\_\_

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

CHAS Health only supports organizations that are non-profit with 501(c)3 status.

IRS Determination letter is required. 501(c)3#: \_\_\_\_\_

Please describe your organization and mission.

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Type of Donation Needed:

Service  Financial  Materials  Other  \_\_\_\_\_

Dollar Amount Requested: \_\_\_\_\_

What will this donation be used for? \_\_\_\_\_

What is the expected attendance at the event? \_\_\_\_\_

Who will benefit from this donation? \_\_\_\_\_

How will CHAS Health be recognized for this donation? \_\_\_\_\_

What other funding sources are you seeking? \_\_\_\_\_

Is this request from a CHAS Health employee, or is an employee affiliated with the organization?

Yes  No  If Yes, name of employee: \_\_\_\_\_

Did CHAS Health contribute to your organization last year? Yes  No

If Yes, in what way/amount? \_\_\_\_\_

**Please return the completed form to:**

CHAS Health

Attn: Steph Grubich, Director of Communications

203 N. Washington, Suite 300 • Spokane, WA 99201

T: 509.444.8888 • [SGrubich@chas.org](mailto:SGrubich@chas.org)