



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.

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

611 N. Iron Bridge Way • Spokane, WA 99202

T: 509.444.8888 • communications@chas.org