



Lincoln Orthopaedic Center  
*Dedicated Surgical Expertise*

## **Donation Request**

Date of Request:

Date of Event:

Organization:

Address (include city, state, zip):

Person Requesting Donation:

Phone Number and Email:

Item(s) Requested for Donation:

Will your organizations offer a written receipt of this donation for tax exemption purposes?



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In order to evaluate or donation request please answer these questions:

1) Have you ever utilized Lincoln Orthopaedic Center services?

If yes, please specify physicians name and date of service:

2) What type of exposure or advertising can Lincoln Orthopaedic Center expect to receive from this donation?

3) Lincoln Orthopaedic Center receives frequent donation requests from multiple sources. In order to continue supporting the community and our employees, it has become necessary to limit our donations. **Please explain what makes this donation request unique and mutually beneficial.**

Lincoln Orthopaedic Center strives to be a strong community partner with other businesses, schools and civic organizations. We firmly believe in supporting worthy causes within the community in which we do business.

Donation request forms that are not completed in their entirety unfortunately will not be considered. Thank you!

Please submit requests to LOC at least four weeks prior to event:

Tara Sherman

Marketing and Business Development

Fax: 402-434-2691

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**Lincoln Orthopaedic Center**

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