



UnityPoint Health

St. Luke's

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 Organization Youth Focused

In which area will this program help to improve the health of the people of Siouxland?

- Patient Care Coordination Mental Health Services Enhancement Elder Care Services Health and Fitness Maternal/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: \_\_\_\_\_

If request is not awarded this quarter, do you want it considered next quarter? Yes No

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:

FOR 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 / NO