

 **NW INDIANA** / **CONTRIBUTION REQUEST FORM**
24/7 ER & HOSPITAL

NW Indiana ER & Hospital, your neighborhood ER & hospital, is on a mission to not only provide exceptional medical care for all but also foster a sense of health and safety in our community. We will consider Financial Contributions, In-Kind Donations, or provide volunteer support. Consideration will be given to Non-Profit organizations with a valid 501(c)3.

For your request to be considered, please complete and return this form with the information requested below.

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____ Date Organized: _____

Are you a Non-Profit Organization: Yes (Please Provide a Copy of your 501(c)3 Documentation) No

What Geographical Area Does Your Organization Serve? _____

Briefly Describe the Services that your Organization Provides:

Is This Organization: National Regional State Local

Nature and Amount of your Request: _____

How Will Funds be Utilized if Granted? _____

Is This an Ongoing or One-Time Request? _____

If Ongoing, How Frequently do you Anticipate Requesting Funds? _____

If your organization has multiple sponsorship opportunities in a calendar year, please submit them in a single request. Only one request will be considered each year. Multi-year pledges will not be accepted.

Name of Person Placing Request: _____

Print Name: _____ Signature: _____

Organizational Position/ Title: _____

Date of Request: _____ Request Deadline: _____ Event Date: _____

Please return this form with supporting documentation and a list of the Board of Directors.