



CONTRIBUTION REQUEST FORM

This form and requested documentation must be submitted at least 60 days prior to need. We accept up to *two* additional pages, but this form *must* be completed. Due to the volume of requests, information cannot be taken on the telephone or by appointment. Responses are mailed.

NOTE: Our philanthropy focuses on health, education and humanitarian services projects in our service area.

Date of Request:	
Type of Request: <i>(Please Check One)</i> <input type="checkbox"/> In-Kind Services <input type="checkbox"/> Money <input type="checkbox"/> Other <i>(specify)</i> _____	
Name of Organization:	Founded In:
Address:	Telephone:
	Fax:
President/Executive Director:	Person Submitting Request: Title/Affiliation with Group: Daytime Phone:
Purpose/Mission of Organization:	
Tax-Exempt Status: <input type="checkbox"/> IRS 501(c)(3) Organization <i>(attach IRS documentation)</i> <input type="checkbox"/> Govt Agency/School <input type="checkbox"/> Other <i>(specify)</i>	
Amount of Request <i>(Dollar Amount):</i>	Date Contribution Is Needed:
Project/Event Purpose of Request:	
Expected Reach of Project <i>(number of people who will benefit):</i>	Recognition/Benefit Available to Mary Greeley Medical Center:
Other Anticipated Funding Sources for This Project:	

RETURN THE FORM WITH OTHER RELEVANT DOCUMENTATION TO:

MAIL: Mary Greeley Medical Center
 Attn: Director of Community Relations
 1111 Duff Avenue, Ames, Iowa 50010
 FAX: (515) 239-5092

Office Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		Authorized Signature _____	Date _____
Amount: \$ _____	Date Notification Sent: _____	Date Contribution Sent: _____	Other: _____