



Gritman Medical Center is a people-focused, community-driven, not-for-profit organization that provides excellent and compassionate healthcare for the people of our communities.

Community Donations Request Form

Date of request _____
Name of group or organization _____
Address _____

Is this a tax-exempt organization and/or activity? Yes _____ 501(c)(3) # _____
No _____

Key contact person _____
Phone _____
Email _____

Event date(s) _____

Type of donation requested:

- | | |
|-------------------|-----------------------------|
| In-kind | Advertising |
| Gift certificate | Cash, please specify amount |
| Promotional items | Other, please specify |

Reason for request—Is this a one time request? Who and how many benefit? Is this request consistent with the mission of Gritman Medical Center? Please include any other information you feel may be helpful to us in reaching a decision:

Did Gritman contribute to your program last year? _____ If so, in what way? _____

Will Gritman Medical Center be recognized for its contribution? If so, how? _____

Please complete and return this form to: Gritman Medical Center c/o Community Relations, 700 South Main Street, Moscow, ID 83843 | email: communityrelations@gritman.org | fax 208-883-6571

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Hospital Use Only

Approved _____ Disapproved _____ Date _____

Remarks