



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
- Gift certificate
- Promotional items
- Advertising
- Cash, please specify amount
- 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: Community Relations Director, Gritman Medical Center  
700 South Main Street, Moscow, ID 83843 | email [kelly.oneill@gritman.org](mailto:kelly.oneill@gritman.org) | fax 208-883-6571

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Hospital Use Only

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Remarks