



CHARITABLE DONATION REQUEST FORM

Please submit all charitable donation requests to –
Attn: Jolene Miller
Executive Administrative Assistant/Marketing Director
info@trivalleyhealth.com 308-697-3329

All of the following information is required at least 7 days prior to your event in order for Tri Valley Health System to consider your request.

Your Name: _____ Today's Date: _____

Organization Name: _____

Event Date: _____

Organization Contact Person: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Amount/Item Being Requested: _____

Check Payable and Address to: _____

What percentage of the donation will be going towards the event? _____

Federal Tax ID (if applicable) _____

What is this donation for or how will it be used? _____

What kind of advertising/recognition will Tri Valley Health System receive, if any?

Deadline for donation: _____

Please understand that due to the amount of requests received by Tri Valley Health System that we may not be able to fulfill your request or we may substitute a different item than requested.

Thank you for your request.

