

## CHARITABLE DONATION REQUEST FORM

All of the following information is required in order for Columbia Valley Community Health to consider your request. Please mail completed form at least six weeks prior to event.

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name/Role: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please make sure your request includes the following information:**

A description of your organization's mission, a copy of the letter from the IRS stating your organization's 501 (c) (3) status, if applicable and a W-9 for tax purposes.

Contact person's relationship to their organization: \_\_\_\_\_

What services are rendered by your organization? \_\_\_\_\_

What percentage of the donation will be used to help low to moderate income individuals or families? \_\_\_\_\_

How will this donation be used? \_\_\_\_\_

What kind of advertising/signage and/or recognition will CVCH receive, if any? \_\_\_\_\_

What monetary amount are you requesting? \_\_\_\_\_

By what date do you need the contribution? \_\_\_\_\_

Please submit complete proposals no less than 45 days before contribution is needed. Incomplete or late proposals may not be considered.

Does your organization do business with CVCH? \_\_\_\_\_

How many participants do you expect at your event? \_\_\_\_\_

Signature of Organization's applicant: \_\_\_\_\_

Please direct questions regarding Columbia Valley Community Health's Charitable Donations Policy to Katharine Bohm at [Katharine.bohm@cvch.org](mailto:Katharine.bohm@cvch.org)

## **CHARITABLE DONATIONS POLICY**

Columbia Valley Community Health is committed to supporting causes that improve the quality of life for the residents of Chelan and Douglas County. CVCH frequently makes donations to local schools, civic groups, and church groups in the communities it serves.

All parties requesting financial support from CVCH must complete a Charitable Donation Request form. The completed form should fully explain the nature of the contribution being sought and include all requested documentation. The Charitable Donation Request form is available at each CVCH location and at [www.cvch.org](http://www.cvch.org). All required documentation should be submitted to CVCH following the directions provided below.

### ***Contributions Policy***

- The organization must also be a 501(c)(3) or non-profit organization.
- Requests should be submitted at least 45 days prior to the event to give proper time to evaluate the request.
- Complete proposals include a description of the organization.
- Nonprofit organizations should submit their tax-exempt letters from the Internal Revenue Service with their contribution requests.
- Complete proposals will be considered monthly.
- Incomplete proposals or those with deadlines less than 45 days of submission may not be considered.

### **Preferential consideration is generally given to requests where the following apply:**

- The recipient is a local community organization.
- Money donated will be spent in Douglas or Chelan County.
- Money donated will directly benefit the residents of Douglas or Chelan County.
- Money donated will benefit a significant group of people (as opposed to a single person).

Due to the volume of donation requests, CVCH does not make charitable donations to for-profit organizations at this time.

In order to accommodate contribution requests, CVCH may choose to donate promotional items that could be used by the requesting party.

### **Completed Charitable Donation Request applications and supporting documentation must be submitted by mail to the following address:**

Columbia Valley Community Health  
Attn: Charitable Donations Committee/ Marketing  
600 Orondo Ave.  
Wenatchee, WA 98801