

SOMC Donation Request Form

| 2009 |

Southern Ohio Medical Center

Very Good things are happening here

Please complete this form completely and return to:

Jennifer Schackart, Marketing Community Events Specialist

Friends Community Center

1202 18th Street

Portsmouth, Ohio 45662

(P) 740|356-7101 (F) 740|356-6140 (E) schackaj@somc.org

Contact Person:

Organization:

Address:

Telephone: Email:

Request (amount, service or item)

Event/Activity:

Date of Event/Activity: Location:

How does the request relate to SOMC's mission, strategic values and organizational goals?

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If applicable, what kind of promotion or recognition will SOMC receive?

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Has your organization or event received funds from SOMC in the past? If so, list amount and dates?

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All required fields of the donation request form must be completed in order to be considered. Donation request forms must be accompanied by a non-profit, 501C3 designation letter or comparable IRS non-profit distinction form. This must also contain a copy of the organizations W-9 (tax identification number).

For office use only:

Date received: Date Committee Review:

Approved: Declined: