



DONATION REQUEST FORM

Date of request: _____

Name of group/organization: _____

Address: _____

Contact person: _____ Title: _____

Phone numbers: _____

E-mail address: _____

Is the organization tax-exempt? Yes No Tax ID # _____

Type of donation requested:

- Amount requested \$ _____
- Sponsorship
- Promotional items – Type and number _____
- Other – Provide details _____

Details of request. Who will benefit, and how? In what way are the goals and philosophy of your organization aligned with the mission, vision, and values of Southwest Health System, Inc. (SHS)?

Has SHS contributed to your organization in the past? Yes No

If yes, please provide dates and amounts of prior donations: _____

Please return completed form to: Marketing Department, Southwest
 Memorial Hospital, 1311 N. Mildred Road, Cortez, CO 81321
 Applications can be scanned and emailed to: contact@swhealth.org

Approved _____ Not approved _____ Date _____ Amount: \$ _____

Notes: _____