



Community Building and Donation Request Form

Please include as separate attachment. All areas of this form must be completed to be considered.

Email all information to communityhealthneedsassessment@mhnetwork.org.

Your Organization

Organization Name _____

Purpose/Mission _____

501(c) status _____

EIN (Tax ID) _____ Website _____

Email _____ Phone number _____

Address _____

Request

Is this for a donation, support for a community event, or both? _____

Donation/event support amount _____

Please explain how the funds will be used _____

Date funds needed _____

Event Details

Event name _____ Type of Event _____ Date _____

Location _____

Description _____

Fundraising goal _____ Website _____

How many years has the event run? _____

Expected attendance _____

Describe your audience/attendees _____

Sponsorship guide _____

List of Board members _____

Contact Information

Your name _____

Email _____ Phone number _____

What is your role within the organization? _____

Mailing address _____