



IntriCon Community Care Unit (ICCU) Donation Request Form

Our Mission

“ICCU is committed to connecting people to people through enriching our employee’s lives by volunteering time and resources with a focus on our local communities and health programs.”

Organization: _____	Tax ID #/501c(3) # _____
Contact Name: _____	Donation Request Amount: _____
Contact Number/Email: _____	Donation Needed By: _____

Please provide us with a brief description of your organization & how they serve the local community:

Please provide us with an explanation of how donations will be used, if approved:

*****This application does not guarantee that a donation will be made to your organization*****

Office Use Only		
Amount Requested: _____	Amount Approved: _____	Check # _____
ICCU Member Approval _____	Executive Approval _____	

