



# DONATION REQUEST FORM

Mission: IntriCon Community Care Unit (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 and Email: \_\_\_\_\_

Donation Needed By: Date \_\_\_\_\_ or  Within 6 Month Period  By end of year

Please provide us with a brief description of your organization and 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.\*\***

**FOR OFFICE USE ONLY:**

Amount Requested: \_\_\_\_\_ Amount Approved: \_\_\_\_\_ Check #: \_\_\_\_\_

ICCU Member Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Approval: \_\_\_\_\_ Date: \_\_\_\_\_