



## Employees Giving Campaign Donation Request

### GENERAL INFORMATION

This form should be completed electronically and printed. This form cannot be submitted online. Requests should be submitted at least 4-6 weeks in advance of an event to allow time for review. If a large number of requests are provided, HGH Employees Giving Campaign is unable to guarantee a response to all donation requests. By placing a request, you, or your organization, are providing consent for a picture to be taken at time of donation being provided.

Today's Date: \_\_\_\_\_

### ORGANIZATION INFORMATION

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Organization Website

\_\_\_\_\_  
Contact E-mail Address

\_\_\_\_\_  
Name of Contact

\_\_\_\_\_  
Title or Relationship to Organization

\_\_\_\_\_  
Contact's Telephone Number (if different)

Has the organization received support previously? YES or NO When? \_\_\_\_\_ Amount: \_\_\_\_\_

### PROGRAM INFORMATION

\_\_\_\_\_  
Program or Event Name

\_\_\_\_\_  
Purpose of Support

\_\_\_\_\_  
Amount being requested

\_\_\_\_\_  
Has anyone else donated to this program/event this year?

\_\_\_\_\_  
How will you advertise/promote HGH Employees Giving Campaign?

\_\_\_\_\_  
Area/Community within Humboldt  
County the program will serve

\_\_\_\_\_  
Estimated number of people served

\_\_\_\_\_  
Date of program/event

\_\_\_\_\_  
Signature of Applicant

**Please bring this completed form to Humboldt General Hospital to be placed in Theresa Bell's  
inbox or preferably send by email to [hqhec@hghospital.org](mailto:hqhec@hghospital.org)**

### For HGHEC Members Only

Date Received:

Donation Amount:

Check #:

Notes:

Status:  Denied  Approved

Donation Month:

Date Paid: