

# Lake Region Healthcare

## Donation Policy

### **Who is Lake Region Healthcare?**

Lake Region Healthcare and Lake Region Healthcare Clinic Services have built a medical community where the patient comes first. Over the years, we have grown into one of the most successful rural healthcare corporations in this state and country. Our campus extends to several outreach clinic locations and also includes the Cancer Care & Research Center, Mill Street Residence and the Mehl Center Health and Wellness Hub. Donation requests for all Lake Region Healthcare's entities are covered by this policy.

### **Community Partnerships**

Lake Region Healthcare believes in being a good community partner by supporting various charitable causes throughout our service areas. We regard partnerships with nonprofit organizations as an important investment in the future of communities we serve and the vitality of our organization. Over time, we have participated in and assisted with many community projects and festivals, educational programs, youth sports activities, local government, health programs, and nonprofit organizations. To achieve the greatest benefit from available funding, we generally focus on events or programs that directly impact the communities we serve. In addition, because our dollars are limited, we narrow our focus further by supporting mainly those requests that impact health and wellness, children and education, and the arts.

### **Together We Service**

Our employees generously give of their time and resources where they live, raise their families, work and play. We highly encourage, support and applaud the many volunteer hours and dollars our team members give to improve their schools and communities.

### **Who May Apply**

Tax-exempt, nonprofit organizations are eligible. Contributions are not generally given for travel or traveling related expenses; to individuals; to organizations based outside of our region; to organizations of primarily political focus or organizations that discriminate on the basis of age, sex, race, color, national origin religion, creed or sexual orientation.

### **How To Apply**

Complete an Application for Donation Form and return it to Lake Region Healthcare / Attn. Marketing Dept., 712 Cascade Street South, Fergus Falls, MN 56537. This form can also be found online at [www.lrhc.org](http://www.lrhc.org). Questions can be directed to [kjohnson@lrhc.org](mailto:kjohnson@lrhc.org).

### **When Can I Expect a Reply?**

We will respond to your request within 30 days.



# Application for Donation

Date of Application: \_\_\_\_\_ Date of Event: \_\_\_\_\_

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

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Date Donation Needed: \_\_\_\_\_

Amount or type of Donation being requested: \_\_\_\_\_

If a cash donation, who should checks be made out to: \_\_\_\_\_

If a cash donation, where should checks be mailed:

Have we donated to you organization in the past?    Yes    No

If yes, what or how much: \_\_\_\_\_

Please give a brief description of your organization.

Please explain how the funds will be used and how it will benefit people in the areas we serve.

How will our organization be recognized for this donation?

**\*\* For Internal Use Only\*\***

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Donation: \_\_\_\_\_ Org/Dept: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Accounting Code: \_\_\_\_\_

