DONATION REQUEST

We are honored to be among the many businesses that have been offered the opportunity to support your charitable endeavor. At South Haven Health System we support the communities where we live and do business. We believe it is important to contribute to efforts to improve the quality of life for the people we serve. We are frequently asked to support charitable purposes of all types. Therefore, guidelines have been established in order to distribute funds appropriately. South Haven Health System does not generally approve contributions for: individuals, for-profit groups, political candidates or activities, church or religious activities/groups, or fraternal organizations.

We ask that you follow the outlined process to help us efficiently review your request.

1. Requests must be made in writing, as least 30 days prior to your need.
2. Please submit a letter of request which includes the following information, or complete the following form.

Today's date: _____ Organization: _____

Tax status of organization: _____

Address: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Purpose / Mission of Organization: _____

_____

Date, location & mission of event: _____

_____

_____

_____

Type of donation requesting, cash / items: _____

_____

Will SHCH be recognized? If so, how? _____

_____

If you have questions regarding this process, please contact the Marketing Department at South Haven Health System: 269-639-2803.

Submit this form by Fax (269) 639-2802 or mail to:
South Haven Health System
Marketing Department
955 S. Bailey Avenue
South Haven, MI 49090

Office use only: ____ Approved ____ Denied Signature _____ Date _____
Amount $_____ Date Notification Sent: _____ Date Contribution Sent: _____