

CHARITABLE DONATION REQUEST FORM

Please return completed form to Marketing Department at least 3 weeks prior to event.

SCMC | Attn: Marketing | 400 E first Street | Morris, MN 56267

Organization Name: _____ **Date:** _____

Organization's Mission: _____

Contact Name: _____ **Title:** _____

Contact Phone Number: _____ **Email:** _____

Mailing Address: _____

Donation Request: Food Capital In-Kind Internal Request to Ambassadors

Event Name: _____ **Event Date:** _____

How will the donation be used? (Silent auction, fundraiser, special event, prize, etc.)

Deadline for donations: _____

Event/Project Description:

(Please attach an event description on organizational letter head or event flyer with organizational logo)

Internal Use Only: Approved Denied

Administration Signature _____ **Date:** _____

