WILLIS-KNIGHTON HEALTH SYSTEM

CONTRIBUTION REQUEST FORM

Please Refer to Website for Guidelines and Criteria: wkhs.com/About Us/Community Commitment & Philanthropy
Timing: Make request at least 90 days prior to need. **Response**s: Notified by mail if approved.
Submit by: FAX (318) 212-8380 or MAIL to WK Contribution Committee, 2600 Greenwood Rd, Shreveport, LA 71103

DATE_____ **Request is for:** ❑ In Kind Services ❑ Funding ❑ Other (specify)_____

ORGANIZATION NAME	**YEAR FOUNDED**
ADDRESS	**TELEPHONE**
CEO/PRESIDENT	
PERSON SUBMITTING (if different from above) **TITLE/AFFILIATION** **PHONE** **EMAIL**	
GENERAL PURPOSE/MISSION OF ORGANIZATION	**TAX-EXEMPT STATUS** ❑ IRS 501(c)(3) Charitable Nonprofit *(attach IRS documentation)* ❑ Government Agency/School ❑ Other(specify)
REQUESTED CONTRIBUTION (BE SPECIFIC – No Open-Ended Requests)	**DATE NEEDED**
PROJECT/EVENT/PURPOSE OF REQUEST	
EXPECTED REACH (how many will directly benefit)	**RECOGNITION/BENEFIT AVAILABLE TO WILLIS-KNIGHTON**
Does Organization Receive Funding from United Way? ❒ YES ❒ NO	**Other Sources of Funding Anticipated for This Request**

DOCUMENTATION REQUIRED:
1. List of board members 2. IRS documentation of nonprofit status 3. W-9 form
4. One or two pages of additional information for review (need, overview, budget, research, etc. - optional)

***Office Use Only*:** ❒ Approved ❒ Not Approved AMOUNT APPROVED $_____

AUTHORIZED SIGNATURE_____ DATE _____

LETTER _____ Other:_____

Rev 02/01/17