



**Contribution  
Request  
Form**

**Process:** This form and requested documentation must be submitted at least 90 days prior to your need. We accept up to two additional pages, but this form should be completed and submitted with any other documentation. Due to the volume of requests received, information cannot be received on the telephone or by appointment. Forms should be returned by mail or fax. **Fax 318-212-8380, Mail: WK Contributions Committee, 2600 Greenwood Rd, Shreveport, LA 71103.** Responses are mailed. Please review the funding guidelines before submitting your request.

**Funding Guidelines:** WK focuses on health, public education and humanitarian services in communities where a Willis-Knighton facility is located. Contributions are generally not approved for individuals, for-profit organizations, political candidates or activities, church or religious activities/groups, or fraternal organizations. Contributions for athletic/sports activities are reserved for WK Sports Medicine clients.

<b>Date</b>		<b>Request Is For:</b> (Please Check One) <input type="checkbox"/> In-Kind Services <input type="checkbox"/> Money <input type="checkbox"/> Other(specify)		
<b>Name of Organization</b>			<b>Founded In</b>	
<b>Address</b>			<b>Telephone</b>	
			<b>Fax</b>	
<b>CEO/President</b>	<b>Person Submitting Request</b>	<b>Title/Affiliation With Group</b>	<b>Daytime Phone</b>	
<b>Purpose/Mission of Organization</b>				
<b>Tax-Exempt Status</b> <input type="checkbox"/> IRS 501(c)(3) Organization ( <i>attach IRS documentation</i> ) <input type="checkbox"/> Government Agency/School <input type="checkbox"/> Other(specify)				
<b>Requested Contribution</b> (Specify Amount – No Open-Ended Requests)			<b>Date Contribution Needed</b>	
<b>Project/Event Purpose of Request</b>				
<b>Expected Reach of Project</b> (number of people who will benefit)		<b>Recognition/Benefit Available to Willis-Knighton</b>		
<b>Does Organization Receive Funding from United Way?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Other Anticipated Funding Sources for This Project</b>		
<b>ATTACHMENTS TO INCLUDE:</b> 1. List of board members if 501(c)(3)    2. IRS documentation if a nonprofit organization 3. Up to two pages of additional information for review by committee				

<b>Office Use Only:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved    Authorized Signature _____    Date _____	
Amount \$ _____	Date of Letter _____    Other: _____
Source Check _____	<i>Rev 01/06/11</i>