



DONATION REQUEST FORM

Note: BRH donates only to non-profit organizations

Today's Date: _____

CONTACT INFORMATION

Contact Person: _____ Title: _____

Phone Number: _____ Email: _____

ORGANIZATION INFORMATION

Legal Name of Organization: _____

Organization Contact Name (if different than above): _____

Address: _____

Website: _____ Is your organization a 501(c)(3)? ☐ YES ☐ No

EVENT DETAILS

Official Name of the Event: _____

Date of the Event: _____ Location of the Event: _____

What age group will most benefit from this donation? ☐ All ages ☐ Children ☐ Teens ☐ Adults ☐ Seniors

The number of individuals who will benefit from this donation? _____

Donation Requested: ☐ Monetary \$ _____ ☐ In-Kind _____

Date Needed by: _____

How will this donation impact the health of Jackson County or Adjacent county?

If approved, the check should be made payable to: _____

(Donation information may be published on social media and submitted to local news agencies.)

Address where the check is to be sent (If different than above): _____

Please submit the form along with any supporting documentation you may have at least 45 days in advance by email to excellence@brmh.net or print and mail to/drop off at:

Black River Health
Attn: Volunteer Coordinator
711 West Adams Street
Black River Falls, WI 54615