

# DONATION APPLICATION FORM

Note: UHH does not donate to individuals or businesses.  
Donation requests are reviewed on the first of each month.



Date: \_\_\_\_\_ Legal Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Dollar Amount Requested \$ \_\_\_\_\_

In-Kind (Products or Equipment): \_\_\_\_\_

**Date Decision Needed By:** \_\_\_\_\_

**Date Donation Needed By:** \_\_\_\_\_

Please describe specific event associated with this request: \_\_\_\_\_

Will this donation impact/improve any of the following community health needs? (check all that apply)

- Preventative Health and Wellness
- Access to Transportation
- Mammography
- Addiction Medicine
- Resiliency Training

To read our Community Health Needs Assessment and Implementation Plan visit [www.uplandhillshealth.org/chna](http://www.uplandhillshealth.org/chna)

Please list all communities that will benefit from this donation: \_\_\_\_\_

What age group will most benefit from this donation?

- All ages
- Infants/Children
- Teens
- Adults
- Seniors

Which gender will most benefit from this donation?  Females  Males  Both

Estimate the number of people who will benefit from this donation: \_\_\_\_\_

If approved, check should be made payable to: \_\_\_\_\_

Check should be mailed to (if different than above): \_\_\_\_\_

All donations will be published on social media and submitted to local news agencies.

**Please submit your donation request to:**

Upland Hills Health  
Community Relations  
800 Compassion Way, Dodgeville, WI 53533

**OR** Save and send to  
[info@uplandhillshealth.org](mailto:info@uplandhillshealth.org)

**For Office Use Only**

Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Amount or Equipment Value
Date		Authorizing Employee