## **MEDICAL FITNESS CENTER**



## **DONATION REQUEST**

## All requests must meet the following criteria:

- Requests must be submitted at least 30 days in advance.
- Requests submitted less than 30 days in advance may not be approved.
- All requests will be evaluated on their ability to impact the health and wellbeing of our community at large or a subset of the population.
- Requests should specify type of donation desired (guest passes, water bottles, caps, etc.)
- Acceptance of requests will be subject to meeting these criteria.
- Requests for cash donations will be denied.

Name of Organization:		Date:
Address:	City:	Zip:
Contact Person:	Phone:	
Date your request is needed://		
Is your organization a 501c3? Yes / No		
Provide specific details of how this donation will be used:		
Describe your organization:		
How will the community benefit?		
How will your organization benefit?	·	