Tri-County Health Care

Donation Request Form

It is preferred that donation requests be made at least 30 days prior to the deadline date to allow for timely processing.. To be considered for a donation, complete the form below, OR email donations at donations@tchc.org.

NAME OF EVENT, INDIVIDUAL OR ORGANIZATION TO RECEIVE DONATION			
CONTACT PERSON MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE NUMBER	E-MAIL		
ITEM(S) REQUESTED			DATE
HOW WILL TRI-COUNTY BE RECOGNIZED?			DATE OF EVENT
HOW WILL OUR CONTRIBUTION HELP YOU BENEFIT THE ENTIRE COMMUNITY?			
HOW WILL THE DONATION BE USED? ❑ Auction ❑ Door Prize ❑ Raffle ❑ Other (explain): _____			

If available, please attach a copy of your flyer or brochure to this request form.

I understand that Tri-County Health Care reserves the right to refuse any donation request upon their discretion. In the event Tri-County Health Care donates an item, it will be used strictly for charitable purposes through auctions, door prizes and raffles, etc.

Signature _____ Title _____ Date _____