



Mountain Health Network  
Donation/Community Building Activity

### Your Organization

Organization name \_\_\_\_\_  
Purpose/Mission \_\_\_\_\_  
501(c)3 status \_\_\_\_\_  
EIN (Tax ID) \_\_\_\_\_ Website \_\_\_\_\_  
Email \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_

### Request

Is this for a donation, support for a community event or both? \_\_\_\_\_  
Donation/event support amount \_\_\_\_\_  
Please explain how the funds will be used \_\_\_\_\_  
\_\_\_\_\_

Date funds needed \_\_\_\_\_

### Event Details

Event name \_\_\_\_\_ Type of event \_\_\_\_\_ Date \_\_\_\_\_  
Location \_\_\_\_\_  
Description \_\_\_\_\_  
Fundraising goal \_\_\_\_\_ Website \_\_\_\_\_  
How many years has the event run? \_\_\_\_\_  
Expected attendance \_\_\_\_\_  
Describe your attendees/audience \_\_\_\_\_  
Sponsorship guide \_\_\_\_\_  
List of Board members \_\_\_\_\_  
\_\_\_\_\_

### Contact Information

Your name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone number \_\_\_\_\_  
What is your role within the organization? \_\_\_\_\_  
Mailing address \_\_\_\_\_

Additional information – please include as separate attachment. All areas of this form must be completed in order to be considered. Email all information to [communityhealthneedsassessment@chhi.org](mailto:communityhealthneedsassessment@chhi.org).