



Application for Charitable Gift

Date Submitted: _____

Person Submitting Request: _____ Phone: _____

Email: _____

Name of Charitable Organization: _____

Address: _____

Organizational Background: (briefly describe organization's purpose and mission, how many people you serve)

If you are in a public school system or government agency, please check here

Please include the following documentation with your application:

Copy of most recent IRS 990 form and tax exempt status/W-9 form

Copy of most recent audited financial statement

Proof of registration with the Office of the Secretary of the State of Maryland as a charitable organization

List of organization's board of directors (if applicable)

Contact Person: _____ Phone: _____

Email: _____

Type of Contribution/Support Requested: Fundraising Event Volunteers Other *Please describe:*

Amount of Requested Contribution (amount, hours, number of volunteers, etc.)



Please describe how request aligns with the hospital's Mission:

Please indicate the community health improvement area to be addressed by your request. (Check all that apply)

Access to Care Obesity Behavioral Health (Mental Health and Addictions) Elderly Health Improvement

Other / unrelated to community health priorities: _____

Have you received support from HCGH in the past? Yes No

If yes, please provide the date and amount of support, and a summary of the impact of the support (e.g., total funds raised at an event.)

Please send this completed application to hcgh_community@jhmi.edu or mail to the Population Health & Community Relations Department at Howard County General Hospital, 5755 Cedar Lane, Columbia, MD 21044. Questions? Call 410-740-7730.

FOR INTERNAL USE:

Application Complete: Yes No

Sr. Director Community Relations Signature: _____

Date Received by President's Office: _____ Approved Denied

Amount of Contribution Approved: _____ Date of Decision: _____

Remarks: _____

Signature (Committee Chair) _____ Date: _____