

2022 Charitable Donation Request Form

Please complete the following information; all fields must be complete in order for consideration:

Organization Name:

Address:

Website:

Contact Information

Name:

Title:

Phone Number:

Email Address:

Please provide a brief overview of organization:

Please provide the type of support you are requesting:
(Sponsorship, in-kind services, etc.)

Please provide a brief description of the event:

Event details (when, where, estimated attendance):

Please explain how your event meets our guidelines:

Please select a guideline and provide an example of how your organization meets the requirement:

What unique opportunities can you offer SBC (Ex. recognition, support, etc.)

Please provide any association you have with SBC (employee, physician, etc.)

We encourage you to attach additional documents, proposals or information that you feel would be helpful in our evaluation process.

Please email completed request form to: jstahl@southbendclinic.com

If mailing proposals, documents, etc., please send to the following address:

South Bend Clinic

Attn: Jacque Stahl

211 N. Eddy St.

South Bend, IN 46617