



BESTMED COMMUNITY DONATION APPLICATION

Name of Organization

Today's Date

Are you a 501©(3) tax exempt organization? Yes No

Contact Name

First

Last

Address

Street Address

City

State

ZIP Code

Phone Number

Your Organization's Mission Statement

Program/Sponsorship Requesting Funds For

Date of Event: _____ Amount Requested: _____

Community Program Description

What does your program/project serve?

What other Sources fund this project? Please describe.

What identified community need does your program/project address?

Please list any other information you feel may be helpful.

Please submit this form to marketing@bestmedclinics.com, along with any additional material you feel may help us better understand your program/sponsorship request.