



**Aultman Health Foundation
Contribution Request Form**

Thank you for inviting Aultman Health Foundation to participate in your philanthropic event. We are asking all organizations to complete a brief questionnaire for requesting financial support from Aultman. We ask that your request be submitted at least two months in advance for proper consideration. Those not providing ample time for consideration may limit their opportunity for support.

General Information

Organization _____
Address _____ City _____ Zip _____
Phone _____ Fax _____
Email _____ Website _____
Person making request _____
Relationship to the sponsoring organization _____

Client Information

Is the requesting organization a not-for-profit organization? **Y** **N**

Is the requesting organization a client of Aultman/AultCare? **Y** **N**

If "yes", what relationship(s) do you have with our organization?

- 1. _____
- 2. _____
- 3. _____

Are any employees of Aultman Health Foundation involved in the effort? (Please list Board members, committee members, etc. In the case of a committee member, please identify the role of our employee in your effort.)

Objectives

Name of event _____

Date(s) the event/program is to take place _____

Amount of request _____

What is the purpose/intent of the effort for which this request is being made? _____

What is the financial goal of the event/program? _____

How often does the event/program take place? _____

What other organizations have pledged support of this event/program? _____

According to Aultman's Corporate Contribution Guidelines, what Area of Impact does this event/program best represent?

What are the benefits to Aultman for participating? (Please include any sponsorship materials with this request).

Please include any other information you would like considered on behalf of your request. _____

What is your deadline for hearing back from us on your request? _____

*Thank you for your request.
Once received, we will make every effort to respond in a timely fashion.*

Follow-up Evaluation Form

All donations and sponsorships will be evaluated for future support based on effectiveness and impact on the community. For this reason, it is important that you provide a follow-up evaluation for our records.

Organization _____

Name of Event _____

How many people participated in this event? _____

What was your net revenue after all expenses were paid? _____

What percent of your net proceeds stay in the local community? _____

Did the event meet your financial goal? Yes No

Did you receive any media publicity? Yes No (Attach examples if possible.)

Please explain how this event benefited our community. _____

Thank you for taking the time to complete this evaluation.

Please send to:

Tim Beauch

Associate Vice President

Aultman Health Foundation

2600 Sixth Street SW

Canton, OH 44710-1799