



Submit to:
Marketing Department
#1 Hospital Drive, Suite 200
Jennings, LA 70546
Phone: (337) 824-8287
Fax: (337) 824-8290

Donation Request Form

All organizations requesting financial support from The Therapy Center should be asked to complete this form. Requests must be submitted at least two weeks in advance for proper consideration. Organizations submitting requests less than two weeks before funds are needed may limit their opportunity for support. Completion of this form does NOT guarantee that The Therapy Center will be able to fulfill the request. Incomplete forms and those without proper supporting documentation will automatically be denied. (Please print or type.)

Date of Request: _____ Person Making Request: _____

Organization: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Preferred Contact Method (phone, cell, fax, e-mail): _____

Documentation needed: Copy of IRS designation letter

1. Amount Requested: \$ _____ Funds needed by: _____

2. Description of how funds will be used: _____

3. Is this organization a 501(c3) nonprofit agency? YES NO

4. Is this donation tax deductible? YES NO

5. What is the organization's primary mission? _____

6. Where will the activity take place? _____

7. Will there be any advertisement or promotions featuring the Therapy Center? YES NO

Please describe: _____

8. Are any employees of the Therapy Center involved in the effort? Please list. _____

9. Has the Therapy Center participated in the past? In what way? _____

10. Signature of person making request: _____