**Contribution Request Form**

To request a cash donation, in-kind contribution, sponsorship or event participation, complete this form and

E-Mail to:  carrie.zanders@saintalphonsus.org  or  Fax to: (208) 367-7959  or

Mail to:  Saint Alphonsus Community Contributions
         c/o Community Health & Well-Being
         1055 N. Curtis Rd, Boise, ID  83706

Please allow 90 days between the date of your request and event deadline. Attach any additional information regarding your request. Call 367-8924 with any questions.

**Organization Name**  ________________________________________________________________

**Your 501(c) (3) tax identification number**  ________________________________ (Please attach documentation)

**Organization Address**  ____________________________________ City, State, Zip  ________________

**Executive Director/Contact Person**  ____________________________________________________________

**Phone**  ______________________________  **Email**  ______________________________________________

**Event Information:**  *If your request involves an event, please give us information about the event*

**Event Name**  ________________________________________________________________

**Location**  ________________________________________________________________

**Event Date**  _____________  **Deadline (for printing programs, etc.)**  _____________  **Estimated Attendance**  _____________

**What are you requesting from Saint Alphonsus?**

- [ ] Cash Donation  
  **Amount Requested**  ________________________________________________________________
  **Purpose**  ________________________________________________________________

- [ ] In-Kind Contribution:  
  **Items/Services Requested**  ________________________________________________________________  **Quantity**  ________

- [ ] Event/Program Sponsorship:  
  **Amount Requested**  ________________________________________________________________
  *If there are varying sponsorship levels, please attach details*
  **Are you requesting Saint Al's staff/volunteer participation?**  
  [ ] Yes  [ ] No

- [ ] Table Purchase at Event:  
  **Cost Per Table**  _____________________________  **Seats Per Table**  _____________________________

If you already have Saint Alphonsus contact(s), please list name(s):  ____________________________________________

**Alignment:**

Saint Alphonsus' key community health and wellbeing priorities include tobacco prevention and cessation (including e-cigarettes), physical activity, nutrition, behavioral health, oral health, access to healthcare and housing stability.

**Does your proposal address any of these priorities?**  
[ ] Yes  [ ] No  If yes, how?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Does your proposal provide any of the following:

- Increased awareness or education of a health or health care related topic
- Direct services to individuals and families
- An environmental change—changing the physical or built environment to enable and empower people to engage in more healthful behavior
- A systems change—changing the way an organization(s) does business to increase access to health care or enable people to engage in more healthful behavior
- A policy change—efforts to change written policy (organizational, municipal, state, etc.) to improve the health of our community members

If so, please describe:

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Ongoing funding:
Has your organization received funding from Saint Alphonsus in the past 3 years?  ☐ Yes  ☐ No  If so, what was funded, and what was the impact of the project? How was Saint Alphonsus recognized for the past contributions?
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

How will Saint Alphonsus' contribution be recognized?
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Signature ___________________________________________ Date ___________________________