DONATION/SPONSORSHIP APPLICATION FORM

Note: UHH does not donate to individuals or businesses.
Donation requests are reviewed on the first of each month.

Upland Hills® Health

Date: _____ Legal Name of Organization: _____

Contact Person: _____ Title: _____

Address of Organization: _____

City, State, Zip: _____

Phone Number: _____ Mobile Number: _____

Website: _____ Email: _____

☐ Dollar Amount Requested $ _____

☐ In-Kind (Products or Equipment): _____

Date Decision Needed By: _____

Date Donation Needed By: _____

Please describe specific event associated with this request: _____

_____

Will this donation impact/improve any of the following community health needs? (check all that apply)

☐ Healthy Living
☐ Access to Transportation
☐ Alcohol and Drug Use/ Misuse and Mental Health
☐ Aging Concerns

To read our Community Health Needs Assessment and Implementation Plan visit www.uplandhillshealth.org/about-us

Please list all communities that will benefit from this donation: _____

_____

What age group will most benefit from this donation?

☐ All ages ☐ Infants/Children ☐ Teens ☐ Adults ☐ Seniors

Estimate the number of people who will benefit from this donation: _____

If approved, check should be made payable to: _____

Check should be mailed to (if different than above): _____

Please submit your donation request to:
Upland Hills Health
Community Relations
800 Compassion Way, Dodgeville, WI 53533

OR Save and send to
info@uplandhillshealth.org

For Office Use Only		
Approved ☐	Not Approved ☐	Amount or Equipment Value
Date		Authorizing Employee