Community Hospitals and Wellness Centers
Bryan · Montpelier · Archbold

CHWC Employee Philanthropy Program
Donation Application for Individual and/or Family

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Other members of household:

Name (First, MI, Last)	*Relationship*	*Age*
Name (First, MI, Last)	*Relationship*	*Age*
Name (First, MI, Last)	*Relationship*	*Age*
Name (First, MI, Last)	*Relationship*	*Age*
Name (First, MI, Last)	*Relationship*	*Age*
Name (First, MI, Last)	*Relationship*	*Age*

Donation amount requested $_____

Reason for and specific use of funds:

Please list other forms of assistance or aid you are seeking or have received for the above stated request:

Employment Information

Your Employer _____

Address _____

Contact Person _____ Phone _____

Employers for other members of household:

_____

Employer

_____

Address, City, State, Zip

_____ _____

Contact Person *Phone*

_____

Employer

_____

Address, City, State, Zip

_____ _____

Contact Person *Phone*

_____

Employer

_____

Address, City, State, Zip

_____ _____

Contact Person *Phone*

_____

Employer

_____

Address, City, State, Zip

_____ _____

Contact Person *Phone*

Your Financial Information

Statement of financial conditions as of _____.
Date

Your Assets

Cash

Banking Institution	*Account Number*	$ *Amount*
Banking Institution	*Account Number*	$ *Amount*
Banking Institution	*Account Number*	$ *Amount*

Real Estate

Partial or Wholly Owned	*County*	$ *Market Value*
Partial or Wholly Owned	*County*	$ *Market Value*
Partial or Wholly Owned	*County*	$ *Market Value*

Securities

Description	*Identification Number*	$ *Value*
Description	*Identification Number*	$ *Value*
Description	*Identification Number*	$ *Value*

Your Other Assets

Examples include personal property, loan receivable, auto, life insurance (cash value), other assets. Please include description, account number, etc.

Asset Information	$ *Value*
Asset Information	$ *Value*
Asset Information	$ *Value*
Asset Information	$ *Value*

Please include any additional assets on a separate sheet. $

$
TOTAL ASSETS

Your Liabilities — Your debts, loans you owe, etc.

Notes Payable

_____ $_____
Lender Name *Loan Balance*

_____
Lender Address

_____ $_____
Lender Name *Loan Balance*

_____
Lender Address

_____ $_____
Lender Name *Loan Balance*

_____
Lender Address

_____ $_____
Mortgagor Name *Loan Balance*

_____
Mortgagor Address

_____ $_____
Mortgagor Name *Loan Balance*

_____
Mortgagor Address

_____ $_____
Mortgagor Name *Loan Balance*

_____
Mortgagor Address

Other Debt — Taxes, outstanding bills, credit card debt, etc.

_____ $_____
Type *Balance*

_____ $_____
Type *Balance*

_____ $_____
Type *Balance*

_____ $_____
Type *Balance*

Please include any additional assets on a separate sheet. $_____

$_____
TOTAL LIABILITIES

Monthly Expenses

Housing	○ Mortgage	○ Rent	$
Food			$
Utilities	Electricity		$
	Gas		$
	Telephone		$
Transportation	Auto payments		$
	Gasoline		$
Insurance	Medical		$
	Life		$
	Auto		$
Medical	Doctors		$
	Hospital		$
	Medication		$
Charge Accounts *Specify*			$
			$
			$
			$
Loans *Specify*			$
			$
			$
			$
Taxes			$
			$
			$
Other Expenses *Specify*			$
			$
			$

Please include any additional assets on a separate sheet. $ _____

Total Monthly Expenses $ _____

Sources of Monthly Income

Salary _____ $ _____
Employer's Name

Bonus, Tips, Commissions _____ $ _____

Dividends & Interest _____ $ _____

Farm Income _____ $ _____

Other — *Please specify (e.g. alimony, child support, other).*

_____ $ _____
Type

_____ $ _____
Type

_____ $ _____
Type

_____ $ _____
Type

Please include any additional assets on a separate sheet. $ _____

Total Sources of Monthly Income $ _____

References

Please list three references.

_____ _____
Name *Phone*

_____
Address, City, State, Zip

_____ _____
Name *Phone*

_____
Address, City, State, Zip

_____ _____
Name *Phone*

_____
Address, City, State, Zip

Completion of Application

Please carefully review the information you entered into this application prior to submitting. Make sure you have completed it fully and elaborated when specific information was requested throughout the form. Please also include a copy of your last federal income tax form and W-2, and any separate sheets used.

Checklist:

- ☐ Accurate, completed application
- ☐ Specific details wherever requested – including reason for donation request, and amount requested
- ☐ Copy of your last federal income tax form and W-2
- ☐ Separate sheets, if used
- ☐ Signed and dated (below)

The information in this form is for the purpose of obtaining funding from the Community Hospitals and Wellness Centers Philanthropy Program, on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding whether or not to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Community Hospitals and Wellness Centers Philanthropy Program may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Community Hospitals and Wellness Centers Philanthropy Program is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

_____ _____

Signature of Applicant / Recipient *Date*

Confidentiality Notice

This application and the attached documents are provided in confidence for the sole purpose of applying for donation from Community Hospitals and Wellness Centers Philanthropy Program and may not be disclosed other than to individuals on a need to know basis for the purpose of making decisions regarding the donation of funds to the applicant and may not be disclosed to any third party or used for any other purpose.