



GIVE BACK CAMPAIGN – NON-PROFIT APPLICATION

Holistic Care Hospice and Palliative Care is committed to making a difference by supporting non-profit organizations that are doing great things in our communities. If you are interested in applying to becoming a partner charity, or if you would like to nominate a charity for consideration, please complete the following:

Name of Organization: _____

501 (c)(3) Tax ID: _____ Date of Inception: _____

Address: _____

Phone: _____ Website: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Contact Email: _____

Communities (Area) Served: _____ Focus Population: _____

Number of Focus Population is Served Annually: _____

Percentage of Donations/ Grants That Goes Directly to Focus Population: _____

Percentage of Management that is Volunteers: _____ Percentage of Staff That is Volunteers? _____

What is the mission or vision of Organization (Please write information/message that can be used for advertising):

I agree the above to be true to the best of my knowledge.

I agree to allow Holistic Care Hospice and Palliative Care to use this information for advertising.

Name _____ Title _____

Signature _____ Date _____

**Please email completed application along with a pdf or jpeg of your logo to Jennifer Kling:
jenniferk@holisticcarehospice.org**