



## **Lake Region HEALTHCARE**

### **Donation Policy**

#### **Who is Lake Region Healthcare?**

Lake Region Healthcare and Lake Region Healthcare Clinic Services have built a medical community where the patient comes first. Over the years, we have grown into one of the most successful rural health care corporations in this state and country. Our campus extends to several outreach clinic locations and also includes the Cancer Care & Research Center, Mill Street Residence and the Mehl Center's Athletic Republic. Donation requests for all Lake Region Healthcare entities are covered by this policy.

#### **Community Partnerships**

Lake Region Healthcare believes in being a good community partner by supporting various charitable causes throughout our service areas. We regard partnerships with nonprofit organizations as an important investment in the future of communities we serve and the vitality of our organization.

Over time, we have participated in and assisted with many community projects and festivals, educational programs, youth sports activities, local government, health programs, and nonprofit organizations. To achieve the greatest benefit from available funding, we generally focus on events or programs that directly impact the communities we serve. In addition, because our dollars are limited, we narrow our focus further by supporting mainly those requests that impact health and wellness, children and education, and the arts.

#### **Together We Serve**

Our employees generously give of their time and resources where they live, raise their families, work and play. We highly encourage, support and applaud the many volunteer hours and dollars our team members give to improve their schools and communities.

#### **Who May Apply**

Tax-exempt, nonprofit organizations are eligible. Contributions are not generally given for travel or travel-related expenses; to individuals; to organizations based outside of our region; to organizations of primarily political focus or organizations that discriminate on the basis of age, sex, race, color, national origin, religion, creed or sexual orientation.

#### **How To Apply**

Complete an Application for Donation form and return it to LRH – Attn: Barb Nelson, 712 Cascade Street South, Fergus Falls, MN 56537. This form can also be found online at [www.lrhc.org](http://www.lrhc.org). Questions can be directed to Barb Nelson at 218.736.8192 or [bjnelson@lrhc.org](mailto:bjnelson@lrhc.org).

#### **When Can I Expect a Reply?**

We will respond to your request within 30 days.



**Lake Region**  
HEALTHCARE

*Vision. Integrity. Award winning care.*

[www.lrhc.org](http://www.lrhc.org)

# Application for Donation

Date of Application: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Date Donation Needed: \_\_\_\_\_

Amount or type of Donation being requested: \_\_\_\_\_

If a cash donation, who should checks be made out to: \_\_\_\_\_

If a cash donation, where should checks be mailed: \_\_\_\_\_

Have we donated to your organization in the past? \_\_\_\_\_ If so, what/how much? \_\_\_\_\_

Please give a brief description of your organization.

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Please explain how the funds will be used and how it will benefit people in the areas we serve.

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How will our organization be recognized for this donation?

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Return to Barb Nelson [bjnelson@lrhc.org](mailto:bjnelson@lrhc.org) or LRH-Attn: Barb Nelson, 712 Cascade St S Fergus Falls, MN 56537



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**\*\* For Internal Use Only \*\***

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Amount of Donation \_\_\_\_\_ Org/Dept: \_\_\_\_\_

Special Instructions \_\_\_\_\_

Accounting Code: \_\_\_\_\_