

Dear Friend,

Fairmont Medical Center- a part of Mayo Health System is proud to support local non-profit organizations. All organizations requesting a contribution must complete a *Charitable Contribution Request Form*.

Fairmont Medical Center has designated the following as funding priority areas

- Improve Family Outcomes
- Promote Youth Potential
- Improve Community Health
- Health-Related Organizations
- Community Partner

Please be aware that

- contributions will only be awarded to a 501 (c) (3) organization
- contributions can not be used to fund an endowment fund
- contributions will not be awarded to a religious group for sole benefit of the group or congregation or for the purpose of soliciting new members
- contributions will not be awarded to a for-profit organization
- contributions can not fund general operating expenses of the organization
- contributions can not fund an individual except in the case of a scholarship
- contributions can not be used to fund a political campaign or any candidate for elective public office.

New in 2010: *Charitable Contribution Request Forms* will be reviewed quarterly. Notification will be made by e-mail or letter.

***Charitable Contribution Request
Form Due Date***

December 31
March 31
June 30
October 31

Notification Date

January 15
April 15
July 15
November 15

Should you have questions, please contact Darla Nelson-Philipp, FMC Community Relations Director at 507-238-8177 or by e-mail at nelsonphilipp.darla@mayo.edu

Thank you!

Sincerely,



Darla Nelson-Philipp
FMC Community Relations Director

Fairmont Medical Center – Mayo Health System
Charitable Contribution Request Form

Organization requesting donation _____

Contact person _____ E-mail _____

Address _____

Phone number (daytime) _____ (Cell) _____

Program/event name _____ Date of event _____

Total cost of program/event _____ Amount requested from FMC _____

Describe how contribution will be used _____

Describe how contribution supports an FMC priority area for funding _____

List other funding sources of this program/event. _____

What is the community impact of not providing this program/event? _____

How will you recognize Fairmont Medical Center – Mayo Health System for this contribution?

A copy of the non-profit status must be provided and included with this application.

Return application to:

FMC Community Relations Director
800 Medical Center Drive
Fairmont, MN 56031

Fairmont Medical Center

Mayo Health System