



ICCO, LLC Community Donation Application

Today's Date

Click or tap to enter a date.

Name of Organization

Are you a 501C3 tax-exempt organization?

Yes

No

Contact Name

First

Last

Address

Street Address

City

State

ZIP Code

Phone Number

Your Organization's Mission Statement

Program/Sponsorship Requesting Funds For

Date of Event

Click or tap to enter a date.

Amount Requested

Community Program Description

What does your program/project serve?

What other Sources fund this project? Please describe.

What identified community need does your program/project address?

Please list any other information you feel may be helpful.

Attach a File (materials you feel may help us better understand your program/sponsorship request).

Please submit to marketing@eugeneurgentcare.com