



REQUEST FOR FUNDING

OUR MISSION Pondera HealthCare Foundation is a community-based nonprofit, investing in long-term, stable, and viable health care and wellness for all residents in Pondera County.

REQUEST DATE: _____ PAYMENT MADE TO: _____
FUNDING NEEDED BY: _____ MAILING ADDRESS: _____
AMOUNT REQUESTED: \$ _____ CITY: _____ STATE: _____ ZIP: _____

** PHCF may request your Social Security# or EIN#*

REQUEST TYPE: Programs/Services Capital Improvements Equipment
 Career Education Recruitment/Retention Other

DESCRIBE WHAT THE FUNDS WILL BE USED FOR:

WHAT NEED(S) WILL THIS FUNDING FULFILL? HOW MANY PEOPLE WILL BE HELPED?

HOW WILL THIS FUNDING SUPPORT PONDERA HEALTHCARE FOUNDATION'S MISSION?

CONTACT FIRST NAME: _____ CONTACT LAST NAME: _____

PHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

PLEASE SUBMIT COMPLETED/SIGNED FORM & ALL SUPPORTING MATERIALS BY EMAIL *or* BY MAIL:
PonderaHealthCareFoundation@gmail.com
Pondera HealthCare Foundation, PO Box 802, Conrad, Montana 59425-0802

FOUNDATION AUTHORIZATION USE ONLY

Date: _____ Amount Approved: \$ _____ Fund Name: _____ Check #: _____

President/Designee Signature: _____