



ERC

ELKINS REHABILITATION & CARE CENTER

Complete Compassionate Care

1175 Beverly Pike • Elkins, WV 26241 • 304.636.1391 • Fax 304.636.1371 • www.erc.biz

Donation Request Application

Name of your Organization: _____

Type: Business Church Civic Group Non-Profit Other _____

Address: _____

Contact Name: _____ Phone Number _____

Contact e-mail: _____

Have we donated to your organization in the past? If so, when: _____

Purpose of Donation: _____ Donation Request Amount: _____

Who will benefit from donation? _____

Date Donation is Needed: _____

If this donation is for an **event**, please include:

Type of Event: _____ Total cost of Event? _____

Who will benefit from the event? _____

Mission/Goals of organization: _____

Request Summary _____

Person making request signature: _____ Date: _____

PLEASE SUBMIT COMPLETED APPLICATION

Administrator Approval: _____ Date: _____

Board Approval (as needed) _____ Date: _____