



**APPLICATION FOR CHARITABLE DONATION / SPONSORSHIP**

*InterMed's charitable giving program focuses on IRS-recognized non-profit organizations that benefit the residents of Greater Portland through activities that are related to healthcare OR provide services and/or goods that enhance social determinants of health. Due to the large number of requests, we are unable to provide support to all applicants. Please see [www.intermed.com/community-support](http://www.intermed.com/community-support) for more information*

**Organization Profile**

Organization Name \_\_\_\_\_

Organization Street Address \_\_\_\_\_

Organization City/Town \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Primary Contact Email \_\_\_\_\_

Primary Contact Phone Number \_\_\_\_\_

Is the organization a 501(c)(3)?  YES  NO

Organization Tax ID Number/EIN \_\_\_\_\_

***Please attach your IRS Determination Letter***

Website/Other Social Media Platforms: \_\_\_\_\_

Mission/Purpose Statement: \_\_\_\_\_

Has InterMed previously supported the organization?  YES  NO

Is your request for an event sponsorship?  YES  NO

*If yes, please provide:*

Purpose \_\_\_\_\_

Date/Time/Location \_\_\_\_\_

Expected Attendance \_\_\_\_\_

Please provide details on sponsorship tiers, benefits, and budgets (*attached if necessary*)

\_\_\_\_\_

**InterMed Focus Requirements**

Is your program/event related to healthcare?  YES  NO

If yes, please specify how \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your program/event enhance social determinants of health?  YES  NO

If yes, please specify how \_\_\_\_\_  
\_\_\_\_\_

Does your program/event benefit residents of Greater Portland  YES  NO

If yes,  
How many years has the organization served Greater Portland? \_\_\_\_\_  
How many people does the organization serve in Greater Portland? \_\_\_\_\_

**Request Details**

What is the dollar amount of the donation you are seeking? \_\_\_\_\_

Date funds are needed by \_\_\_\_\_

Is your request for donation to support overall operations of the organization?  
 YES  NO

Is your request for a donation to a specific program?  
 YES  NO

What is your annual budget? \_\_\_\_\_

How will InterMed's donation be recognized? \_\_\_\_\_  
\_\_\_\_\_

The organization, program, or events benefits people in the following geographical areas. *(Check all that apply)*

- Androscoggin
- County Cumberland
- County York County
- Statewide
- Other
- None of the above

How will you measure and report on the impact of this initiative?

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Please add any other information you would like the Community Support Group to consider. *(attach if necessary)*

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*Please send this completed form, along with any attachments, please send this completed form, along with any attachments, to [communitysupport@intermed.com](mailto:communitysupport@intermed.com).*