



Donation Request Guidelines

Heart 'n Home Hospice & Palliative Care approves a limited number of the many donation request applications we receive. Priority is always given to local organizations within the areas we serve and are granted on a first-come, first-serve basis. **Requests must be submitted two weeks prior to needed deadline date.** Please submit completed applications to:

Kandice Dickinson, Public Relations Specialist
Heart 'n Home Hospice & Palliative Care
1100 NW 12th Street
Fruitland, ID 83619
Fax: (208) 452-2884
kandiced@gohospice.com

Donation Categories:

- **Community Bereavement and Tragedy Support**

A donation form is not required for community bereavement or for tragedies that occur outside of our normally offered Heart 'n Home bereavement support. Heart 'n Home believes in helping those in need especially during times of crisis. Please contact any Heart 'n Home office for immediate support.

- **Community Support and Events**

Funds allocated for this category are designed to assist the communities we serve in a variety of ways and include, but are not limited to sponsorships and /or support of community events, fundraisers, activities, etc.

- **Elderly Development**

The elderly in our communities are often underserved and overlooked. This category is designed to provide support and assistance with health development programs, staff development programs, senior citizen programs, Meals on Wheels, etc.

- **Youth Development**

Heart 'n Home is committed to the success of our youth and as a result desires to support athletics, clubs, activities, programs, events, etc. offered both in schools and in the community.



Donation Request Application

(please complete in full)

Today's Date: _____

Date Needed By: _____

Amount Requested: _____

Heart 'n Home Contact: _____

Donation Category:

- Community Support and Event
- Elderly Development
- Youth Development

Organization Information:

Name of Organization or Event: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Email: _____

Phone: _____ Fax: _____

If approved, make check out to: _____

Mission or Purpose: _____

* Attach additional information if needed.