



**Contribution Request Form**

**Date of request:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Description and mission of organization:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does organization have 501(c)(3) Status:**     Yes     No

**Does the organization qualify as a public charity:**     Yes     No

**Federal Tax ID Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Are you a United Way Agency**     Yes     No



**BlueCross BlueShield of Tennessee Community Trust**

***Please write brief and clear responses to the statements below:***

**Name of Event/Project to be sponsored:** \_\_\_\_\_  
\_\_\_\_\_

**Event/Project Date:** \_\_\_\_\_

**Event/Project Time:** \_\_\_\_\_

**Event/Project Location:** \_\_\_\_\_

**Amount of contribution requested:** \_\_\_\_\_

**Date contribution needed:** \_\_\_\_\_

**Purpose of contribution:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How will the community benefit from this Event/Project:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will BCBST Community Trust be included on all printed materials:**  Yes  No

**Will signage be displayed:**  Yes  No



**BlueCross BlueShield of Tennessee Community Trust**

**If yes, where will such signage be displayed:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who will provide signage:** \_\_\_\_\_  
\_\_\_\_\_

**What is the deadline for submission of logos/artwork:** \_\_\_\_\_

**Will BCBST Community Trust receive goods or services in consideration for the contribution:**

Yes     No

**If yes, give quantity and estimated value:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please include the following items along with your contribution request:***

- *Formal proposal on organization's letterhead*
- *Organization's Board of Directors*
- *IRS Determination Letter of 501(c)(3) status*
- *W9 Tax Form*

**Be sure to include any additional pertinent information along with this form upon submission.**

**Please submit all materials to:**

**Kathy Bingham  
Manager BCBST Health Foundation and Trust  
BlueCross BlueShield of Tennessee  
1 Cameron Hill  
Chattanooga TN 37402**

**Fax Number: 423-535-7173**

**E-Mail: [Kathy\\_Bingham@bcbst.com](mailto:Kathy_Bingham@bcbst.com)**

**The Corporate Charitable Contribution Substantiation form and a Final Progress Report form must be returned within specified timeframe, should funding be approved.**