



Donation Request Form

In order to help us expedite the donation procedure, please complete this form in its entirety. Please return to

sspencer@trover.org or
Trover Health System
ATTN: Sara M. Spencer
900 Hospital Drive
Madisonville, KY 42431

Date: _____ Your Name: _____

Organization Name: _____

Address: _____

Phone Number: _____ E-mail: _____

Summarize the purpose and focus of your organization (i.e. shelter, school): _____

Please provide details about the donation you are requesting and what it will be used for.

What is the value of the product/donation you are requesting? _____

Is this an annual event/need? If so, what is the date? _____

What attendance do you anticipate for your event and/or how many people will take advantage of your service? _____

Who will benefit from the donation? _____

What type of advertising are you planning to promote this event? _____

Have you requested donations from Trover in the past? _____

Dated needed: _____ Non-profit: Corporation:

Where can Trover go for additional information? _____