



Lincoln Orthopaedic Center, P.C.
Dedicated Surgical Expertise

Donation Request

Date of Request: ____/____/____

Date of Event: ____/____/____

Organization: _____

Address (include city, state, zip): _____

Person Requesting Donation: _____

Phone Number: _____ Email: _____

Item(s) being Requested for Donation: _____

Will your organizations offer a written receipt of this donation for tax exemption purposes? Y - N

IN ORDER TO EVALUATE YOUR DONATION REQUEST
PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Have you ever utilized Lincoln Orthopaedic Center services? Y - N

If yes, please specify the following

Physicians name: _____

Date of service: _____

What type of exposure or advertising can Lincoln Orthopaedic Center expect to receive from this donation? _____

Lincoln Orthopaedic Center receives frequent donation requests from multiple sources. In order to continue supporting the community and our employees, it has become necessary to limit our donations.

Please explain what makes this donation request unique and mutually beneficial:

Lincoln Orthopaedic Center strives to be a strong community partner with other businesses, schools and civic organizations. We firmly believe in supporting worthy cause within the community in which we do business.

This donation request form needs to be submitted to Lincoln Orthopaedic Center at least **four weeks prior to the event**. Donation request forms that are not **completed in their entirety** unfortunately will not be considered. Thank you!

Please submit your requests to:

Tara Sherman
Marketing and Business Development
Fax: 402-434-2691
tsherman@ortholinc.com