



Lake Region HEALTHCARE

Donation Policy

Who is Lake Region Healthcare?

Lake Region Healthcare and Lake Region Healthcare Clinic Services have built a medical community where the patient comes first. Over the years, we have grown into one of the most successful rural health care corporations in this state and country. Our campus extends to several outreach clinic locations and also includes the Cancer Care & Research Center, Mill Street Residence and the Mehl Center's Athletic Republic. Donation requests for all Lake Region Healthcare entities are covered by this policy.

Community Partnerships

Lake Region Healthcare believes in being a good community partner by supporting various charitable causes throughout our service areas. We regard partnerships with nonprofit organizations as an important investment in the future of communities we serve and the vitality of our organization.

Over time, we have participated in and assisted with many community projects and festivals, educational programs, youth sports activities, local government, health programs, and nonprofit organizations. To achieve the greatest benefit from available funding, we generally focus on events or programs that directly impact the communities we serve. In addition, because our dollars are limited, we narrow our focus further by supporting mainly those requests that impact health and wellness, children and education, and the arts.

Together We Serve

Our employees generously give of their time and resources where they live, raise their families, work and play. We highly encourage, support and applaud the many volunteer hours and dollars our team members give to improve their schools and communities.

Who May Apply

Tax-exempt, nonprofit organizations are eligible. Contributions are not generally given for travel or travel-related expenses; to individuals; to organizations based outside of our region; to organizations of primarily political focus or organizations that discriminate on the basis of age, sex, race, color, national origin, religion, creed or sexual orientation.

How To Apply

Complete an Application for Donation form and return it to our offices at 712 Cascade Street South, Fergus Falls, MN 56537. This form can also be found online at www.lrhc.org. Questions can be directed to Kathy Lehn, Public Relations & Customer Service Specialist at 218.736.8191 or kmlehn@lrhc.org

When Can I Expect a Reply?

We will respond to your request within 30 days.



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Vision. Integrity. Award winning care.

www.lrhc.org

Application for Donation

Date of Application: _____

Name of Organization: _____

Address: _____

Contact Name: _____

Contact Number: _____ Date of Event: _____

Contact Email: _____ Date Donation Needed: _____

Amount or type of Donation being requested: _____

If a cash donation, who should checks be made out to: _____

Have we donated to your organization in the past? _____ If so, what/how much? _____

Please give a brief description of your organization.

Please explain how the funds will be used and how it will benefit people in the areas we serve.

How will our organization be recognized for this donation?



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**** For Internal Use Only ****

Approved by _____ Date _____

Amount of Donation _____ Org/Dept: _____

Special Instructions _____

Accounting Code: _____