

Dear Community Member,

Thank you for requesting a donation from Rejuv Medical. Because we are frequently approached for donations, Rejuv Medical has established limits on how we use our resources to respond to these requests. To help us make a careful decision we ask you to complete the following form and return it to us at least one month prior to the time the donation is needed. We will contact you if we are able to help. Thank you for your interest in Rejuv Medical and your efforts in supporting our community.

Today's Date: _____ Event Date: _____

Name of Organization or group: _____

Contact name and phone number: _____

How did you hear about Rejuv Medical? _____

Name of Event: _____

Purpose of Event: _____

What type of donation are you requesting? _____

Tax-ID number: _____

How will our gift be used? _____

Additional information: _____

E-mail completed donation requests to: tim@rejuvmedical.com

Subheading: **Donation Request**

Or Drop off at

Rejuv Medical

2330 Troop Drive

Suite 105A

Sartell Minnesota, 56377

Clinic: 320-217-8480

