**Charitable Giving Request**

*If we are able to meet your request, we will respond within two weeks of submission.*

1. Please list the name of your non-profit organization:
2. Is your non-profit a registered 501c3:
3. Is this request coming from a WSS patient or a parent/caregiver of a WSS patient?
4. How will this donation support the non-profit’s mission?
5. Does this non-profit or program advance the health and wellbeing of Lincoln County youth, a primary focus of our charitable giving endeavors?
6. If we are able to meet this request, please provide an email address for follow-up: