The Group Obstetrics & Gynecology Specialists, P.C.
5350 Eastern Avenue, Davenport, IA 52807
Tel 563.355.1853 Fax 563.359.1512
www.obgyngroup.com

DONATION REQUEST FORM

CONTACT INFO

First Name___________________________________ **Last Name**_________________________________

Email____

Address____ City___________________

State________ Zip_____________

Daytime Phone #____

Name of organization requesting donation ____

Explanation of organization's mission/focus

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Description of type of donation requested (amount/item etc.)

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Explain how donation will be used

____
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Date donation needed________________________

Individual Requesting Donation Signature________________________ **Printed Name**_______________________

All donation requests must be completed and mailed to or dropped off at the addressed listed above. The Group Community Involvement Committee, along with management, reviews all donation requests and will reach out prior to the above deadline, if approved.