



Memorial Medical Center

Right here in the place we love.

Community Support Application

Mission

Improve the health and wellness for people of our south shore region of Lake Superior

Vision

Vital partners for healthy lives.

Details of proposal selection:

MMC is proud to support regional organizations working to improve the health and wellness of our community. If you are requesting support, please complete the following form for consideration. Applications are reviewed monthly.

Applications that meet the majority of the following qualifications will be seriously considered, but are not guaranteed funding.

- Serves our primary market area (Ashland/Bayfield/Iron counties)
- Aligns with our mission, vision and strategic objectives
- Opportunity to promote service lines, staff or overall hospital
- Focuses on improving the health and wellness of our community
- Provides positive recognition for MMC
- Supports a local nonprofit organization

Examples of recently funded projects and events:

- Whistlestop
- Book Across the Bay
- Iron River Playground
- CAMBA Trails
- Rescue Divas
- Relay for Life
- Superior Vista Bike Tour
- Alzheimer's Walk
- Recovery Services Day

Project Title _____

Project Organization _____

Legal not-for-profit tax ID # _____

Contact Name _____

Contact Email _____

Contact Phone _____ **Amount Requested** _____

Make Check Payable to: _____

Mail Donation to: _____

Date of Event _____ **Describe the event, project or program you are requesting financial support for:**

What is the estimated number of people who will benefit by this request? _____

Explain how the dollars will be used (200 characters or less):

Describe how the event, project or program will be promoted and if MMC would be included within the promotion (200 characters or less):

Is there any in-kind support from MMC you are requesting? I.E. information sharing with MMC staff, assisting with promotion, recruiting volunteers, medical supplies, etc. (200 characters or less)

Other/Please provide any additional relevant information about this request (400 characters or less):

If you have additional information, please include with your application.

**Make sure you do a SAVE AS of this completed form to your computer and then attach it in an email to:
hhaas@ashlandmmc.com OR mail to: Memorial Medical Center, C/O Heidi Haas
1615 Maple Lane, Ashland, WI 54806**