

Supporting Our Community
Guidelines for Donations



Illini Community Hospital supports community projects relating to the mission, vision, values and community benefit objectives of the Blessing Health System. We receive numerous requests from many organizations and individuals. Unfortunately we cannot fund all requests, so we have established priorities for giving in order to appropriately distribute funds.

All requests that observe these guidelines will be reviewed, but regretfully, all cannot be funded. Due to the volume of requests to the health system for funding or sponsorships, we are unable to receive requests in person or by telephone. All requests should be made in writing by completing the request form, preferably online, at least 30 days prior to the time the donation is required.

Our Priorities

Preference is given to projects related to health, education and humanitarian services in communities in our service area. Priority is also given to organizations who meet one or more of the criteria listed on our request form.

Our Guidelines

We generally DO NOT approve contributions to the following, however some exceptions may apply:

- Individuals
- For Profit Organizations
- Sports or school ads/programs
- Programs not focused in our service area

Form Provided

Anyone soliciting contributions or sponsorships must complete a **Sponsorship Request Form** online or hard copy by mail or fax. Due to the volume received, we cannot give responses by telephone or in person. If a request is approved, notification will be sent by mail or email. Printed form can be mailed to Illini Community Hospital, Attn: Administration – Request, 640 W. Washington, Pittsfield, IL 62363; emailed to Stephanie.butler@blessinghealthsystem.org or faxed to 217-285-2989. Call 217-285-2113 x3800 for more information.

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ORGANIZATION NAME: _____

Contact Person: _____

Contact Address/Phone: _____

Type of request:

_____ Sponsorship/financial donation

_____ Give away items

Name of Event or Sponsorship _____

Date of Event _____

Amount or in kind sponsorship request _____

Does sponsorship include a program/advertisement? _____ Yes _____ No

Please briefly describe your event, how funds will be used, and how this sponsorship will benefit the Illini Community Hospital service area:

Who will be served by the event/project: (demographics, numbers of people served, etc.)

