



Family Pharmacy & Wellness Center

Donation Request

MedSave Family Pharmacy believes it is important to play an active role in our community. We believe we should re-invest in the communities where we do business. One important way to re-invest is by contributing to organizations and issues that are important to our community.

Areas we are primarily interested in contributing to in the Bemidji area are:

- Children and youth programs (including but not limited to: youth sports teams, boys and girls club, after-school programs, mentoring programs)
- People in crisis (including but not limited to: local food banks, homeless shelters, disaster relief organizations, domestic violence shelters)
- Promoting arts, culture, and other "enriching" institutions that contribute to a community's quality of life.

Our contributions are for the support of ongoing operations of local organizations. We want to distribute our contributions broadly throughout the community. The committee meets on the 2nd Wednesday of each month.

Request for Gift or Donation	
Name of Organization/Individual	
Address	
City, State, Zip	
Contact Person	
Telephone Number	
Does the organization/individual have a current account relationship with MedSave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has our pharmacy received this request in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Last time?

Date	Donation Request (Monetary)	Donation Request (Non-monetary)
	\$	

Who will benefit from the donation?

What is the purpose of the donation?

When do you need the funds?

For internal use only:

Donation Approved	Thank you received
<input type="checkbox"/> Yes <input type="checkbox"/> No Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: