We appreciate you thinking of Ivy’s Legacy Foundation in your needs and request. We receive numerous requests for donations a year. Your request is not guaranteed. We evaluate each and every request closely before making a decision. We will notify the contact person for the donation that we are able to grant. We fill as many donations as possible each year. We do not donate to the same organizations or issues each year to spread the generosity across Central Minnesota as much as possible.

Please make your request at least two months in advance.

Today’s Date: Date of Occurrences:

Contact Name:

Address: City: State:

Phone: Email:

What specifically will the donation be used for?

Date requested by: Additional Info:

Are you able to provide medical bills?

If so, please describe and provide copies:   
  
   
  
If requesting medical bills assistance, do you mind if we make a payment directly to your health   
care provider on your behalf?

If you do mind, please explain:

Are you able to provide other supporting documents for your request?   
If so, please describe and provide copies:

References [must provide 2]

Contact Name:

Address: City: State:

Phone: Email:

Contact Name:

Address: City: State:

Phone: Email:

Please mail this form and any other supporting documents to   
Ivy’s Legacy Foundation, PO Sauk Centre MN 56378.   
Your request will be reviewed in a timely manner at the next board meeting.