



904 E. Highway 50 • O'Fallon, IL 62269 • 618.632.8471

Giftling Program Application

1. Name of Organization: _____

2. 501(c)(3) Tax ID #: _____

3. Contact Information

Contact Name: _____

Contact Phone #: _____ Contact e-mail: _____

Address (used to mail check): _____

4. Briefly, tell us about your organization and why SVDG should support it:

5. How did you hear about the SVDG Gifting Program? _____

6. Are you a patient at SVDG? Yes _____ or No _____

7. Is there a deadline to your needs? If so, what is it? _____

Signature of Organization's Representative

Submit this form to contact@svdg-ofallon.com.