



Blue Cross Blue Shield of North Dakota Corporate Giving Application Form

As a non-profit, Blue Cross Blue Shield of North Dakota (BCBSND) has a limited donations budget. Because giving back to the communities that BCBSND serves is important, the company desires to maximize the donations by targeting events and programs that help to improve the health and wellness of North Dakotans.

To be considered for a charitable contribution, please fill out the below information.

Name: _____

Phone: _____ Date: _____

Email: _____

Your relationship with organization: _____

Name of organization: _____

Address of organization: _____

City: _____ State: _____ Zip Code: _____

Is your organizations tax-exempt with 501(c)(3) status? Yes No

***BCBSND gives preference to organizations that are tax-exempt.**

If your organizations fit one or any of the descriptions listed below, you are not eligible to receive funds.

- Receives significant funding from the United Way. (BCBSND already supports the United Way)
- Sponsors programs or events outside of North Dakota
- Raises funds for other organizations
- Arts organizations
- Political campaigns, candidates, parties or partisan activities
- Beauty pageants
- Student trips or requests from individual N.D. elementary or secondary schools, unless the request is for a new and innovative program specifically designed to address health and wellness
- Yearbooks, proms, graduation night parties
- Capital campaigns and endowments
- Primary and secondary schools, public and private
- Sectarian, denominational or religious organizations for support of theological functions
- Organizations that is in direct competition with BCBSND
- Organizations or causes that do not complement our corporate goals

**If your organization does not fit any of the above descriptions,
please continue with the following questions.**

Tell us how your organization will help to improve the overall wellness and healthy lifestyles of North Dakotans, to promote the healthy growth and development of children, or to improve the health of the communities we serve.

Description of organization, including objectives:

How will your sponsorship/donation request benefit our members and BCBSND's mission?

Project for which funds are being solicited: _____

What is your total budget? _____

Amount of funds being requested from BCBSND? _____

Specifically how will BCBSND funds be utilized to support your overall request?

Will you receive funding from other organizations? _____

What is the timeframe for your project? _____

If request is approved who should the check be payable to? _____

Feel free to attach any related documentation for your request if needed.

Donation requests will be reviewed on a monthly basis. You will receive notification of whether your request has been granted within six weeks of submitting the request. Please direct any questions to the BCBSND Communications department at amber.blomberg@bcbsnd.com.

Please note, should your request be granted, you will need to send an invoice to:

Blue Cross Blue Shield of North Dakota
Communications Department
4510 13th Ave S
Fargo, ND 58121

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Notes: