



## DONATION AND SPONSORSHIP REQUEST POLICY

In an effort to continue to provide as much charitable support as possible throughout the local communities, Chancy Drugs has issued the following policy which will be used in evaluating request for monetary donations or community support. All request for any type of media advertising (ads in public publications, newspapers, etc.) should be referred to the Management Office.

1. Each Chancy Drugs location will be allotted \$500/quarter for donation and sponsorship request.
2. Limit your allocated donations/sponsorships to only your locations local community organizations or events.
3. We prefer that you choose to support current provider, patient, or staff affiliations of Chancy Drugs.
4. Please **completely** fill out the Chancy Drugs Donation and Sponsorship Request Form and send to Accounts Payable at the Management Office for approval and payment processing. Missing information will delay approval/payment process.
5. A copy of the donation/support flyer, letter, etc. **must** be attached to the Chancy Drugs Donation and Sponsorship Request Form.
6. When request is approved or denied, a copy of the form will be sent back advising of the status. If the request is approved, you will be updated on the current quarterly balance.
7. Any donation request received after a quarterly allowance has been reached the PIC or staff Pharmacist feel would benefit Chancy Drugs to sponsor should be sent to the Management Office for override approval. If approved, you may be required to transfer overage to the next quarters balance.
8. Donation/Sponsorship requested that are sent directly to Chancy Drugs Management Offices will be forwarded to the appropriate Chancy Drugs Store location for Pharmacist to complete Chancy Drugs Donation and Sponsorship Request Form if they wish to request donation or sponsorship.
9. Approved donation/sponsorships will be added to your locations weekly L10 through People Headlines by Management staff to be discussed.



### DONATION AND SPONSORSHIP REQUEST FORM

To be completed by location PIC or staff Pharmacist (*please print*):

Date:	Organization Name:
Event Name:	
Event Date:	
Requested Donation/Sponsorship was received from	
Name:	Contact Phone Number:
Relationship to Pharmacy: <input type="checkbox"/> Provider affiliation <input type="checkbox"/> Current Patient <input type="checkbox"/> Current Chancy Employee	
Amount Requested:	Deadline Date:
Check should be made payable to:	
Donation/Sponsorship should be:	
<input type="checkbox"/> Mailed to the following address:	
<input type="checkbox"/> Other: ( <i>please provide details</i> )	

Approving Pharmacist:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

For Office Use Only:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied due to:
Check # _____ <input type="checkbox"/> mailed on ___/___/20___ <input type="checkbox"/> picked up on ___/___/20___	
Other Comments:	
Current YTD contribution total:	\$
Remaining balance for: <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 \$	
Added to L10 People Headlines: <input type="checkbox"/> Yes <input type="checkbox"/> No	