



FMAF
FLORIDA MEDICAL ALLIANCE FOUNDATION

**Donation Request
County Project**

The Florida Medical Alliance Foundation is a non-profit charitable organization that works to advance medicine and public health by providing philanthropic support for health-related initiatives throughout the State of Florida.

Date _____

Donations up to \$1000 will be awarded.

<p>FMA Alliance County Project Application:</p> <p>County: _____</p> <p>Contact Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Website: _____</p>
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Project Information:

Chairperson: _____

Project Title: _____

Briefly describe the how the project supports health-related initiatives in Florida:

Provide a brief description of project planning details, number of volunteers, and timeline (use additional page if necessary):

What is the total estimated budget of this project? _____

Please submit application to:

Email: info@myfmaa.org

Mail: Florida Medical Alliance Foundation

PO Box 353

Winter Park, FL 32790