Donation Request
For a Community Organization

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_____

Name of FMA Alliance Member completing application: -

_____

Phone: _____ Email: _____

Donations up to $1000 will be awarded.

Application on behalf of an organization:

Name of organization_____

Mailing address _____.

Phone_____Email_____

Website_____

Contact Person/Position _____

Is the organization a 501(c)(3)?_____ If YES, please provide IRS documentation.

Mission Statement:

_____

_____

_____

_____

Briefly describe your relationship with the organization:

_____

_____

_____

_____

_____

Please submit application to:

Email: info@myfmaa.org
Mail: Florida Medical Alliance Foundation
PO Box 353
Winter Park, FL 32790