



Charitable Giving Request Form

At Millers Mutual, we've created a culture of caring that prioritizes compassion, empathy, and support. This includes giving back to the communities we serve. Our Charitable Giving Committee supports programs that help avoid the unexpected, promote safe choices, reduce property and casualty hazards, and raise awareness about insurance and public safety.

If your organization aligns with this mission, we invite you to submit a request for a financial donation below. Please complete all applicable fields so we can evaluate your proposal thoroughly. Our team will reach out with any questions following your submission.

ORGANIZATION INFORMATION

Organization Name: _____ Contact Person Name: _____

Title/Role: _____

Email Address: _____ Phone Number: _____

Organization Website (if applicable): _____

Mailing Address: _____

Is your organization a 501(c)(3) / nonprofit?

☐ Yes ☐ No

DONATION REQUEST DETAILS

Donation Type: ☐ Financial ☐ Other: _____

Amount/Value Requested: _____ Date the Donation Is Needed: _____

Is this request related to a specific event?

☐ Yes ☐ No

If yes, please provide the event name, date, and location:

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PURPOSE OF DONATION

Brief Description of the Cause or Event:

Who will benefit from this donation? _____

How will the donation be used? _____

Have you received support from Millers Mutual in the past?

☐ Yes ☐ No

If yes, please specify what was provided and when:

RECOGNITION AND FOLLOW-UP

How will Millers Mutual be recognized for the donation? (e.g., logo placement, social media, signage)

Will you be able to provide a proof-of-use or in-kind letter after the donation?

☐ Yes ☐ No

ADDITIONAL INFORMATION

Please attach any supporting materials. (e.g., sponsorship packages, flyers, tax exemption letter)

Additional Comments or Information:

Date of Submission: _____