



**Medical Oncology and
Hematology Associates of Iowa**

Request for Charitable Contribution

MOHA is pleased to evaluate any request for charitable contributions. Requests can be made annually. All submissions will be reviewed and taken into consideration. You will be notified within 5 business days of our decision. Please fill out the following information and email to donationrequests@cancercenterofiowa.com.

Organization Name: _____

Tax ID number: _____

Contact name: _____

Address: _____

City: _____

State/Zip code: _____

Contact Phone number: _____

Email: _____

Amount Requested: _____

Date donation is needed: _____

Tell us a little about your organization:

How the donation will be used: