



Supporting those who help you

Beneficiary Application Form

All donations will meet the standard charitable organization rules as outlined in the publication "Charitable Gambling in Minnesota". Donations require review and approval from the MN EMS Charity Riders committee staff prior to acceptance. Application does not guarantee donation. Only signed and approved donation forms are acceptable as acknowledgement of donations. Approved application recipients will be notified directly. All donation forms will be maintained at the MN EMS Charity Riders office for audit.

Instructions for completing Beneficiary Application form:

1. Please print clearly and use black ink. Incomplete forms will not be considered.
2. Please answer all applicable questions. If not applicable or relevant, please write "N/A"
3. Provide information related to the beneficiary, including name, address, and other contact information.
4. Provide specific detailed information related to the hardship and benefits request.
5. If the application is made by someone other than beneficiary, record your name.
(Requested anonymity will be respected).
6. Send the completed form to MN EMS Charity Riders office for review and approval before the deadline.

MN EMS Charity Riders
1110 Carriage Hills Dr. S,
Cambridge, MN 55008

Name of Beneficiary _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Paramedic _____ Emergency Medical Technician _____ Emergency Medical Responder _____

Active/Retired _____ Service _____

If this donation is in Memory of a loved one, provide us with the individual's name and the name and address for the contact person or family.

Contact Person/Family _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

If requesting for someone other than yourself, do you prefer to be anonymous. Y ____ N ____

Name of person requesting donation _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Requested Amount: _____ Disclosure: Story may be posted on website Y ____ N ____

APPLICATION MUST BE RECEIVED BY MAY 4th, 2024

All applications received after the deadline will be considered for next year.

Provide detailed information regarding the beneficiary's hardship. Include information related to the benefits of this donation. (Use separate sheet if necessary)

President Signature