



# Sponsorship & Donation Application

Incomplete applications will not be considered.

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tax Status \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Type of sponsorship requested:  Monetary  In-Kind

Amount you are requesting \$ \_\_\_\_\_

<b>Internal Use Only</b>
<i>Initial and Date</i>
Received: _____
Recommendation: _____ _____
Approval: _____
Organization Notified: _____
Logo Sent: _____
Attendees: _____

Have you received a monetary donation from this hospital in the past? Yes  No

If so, how much and when? \_\_\_\_\_

## OTHER DONATIONS

List your major contributors to this event/cause:

\_\_\_\_\_

Are any other fundraisers planned (or have taken place this fiscal year)? Please list:

\_\_\_\_\_

## PURPOSE

What percentage of the money you raise goes toward administrative costs? \_\_\_\_\_%

Please classify your program below (select one)

Health & wellness  Children, youth & education  Culture & humanities

Civic Enhancement  Other (specify) \_\_\_\_\_

How many people will benefit **directly** from your efforts? \_\_\_\_\_

If this request is for a specific event, list the date(s) of the event \_\_\_\_\_

Are any Hospital employees actively involved in your organization?

Yes

No

If yes, please list their names and functions within your organizations

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What is the primary focus of your organization?

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If other local organizations provide the similar services, indicate how your program is unique.

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How exactly will the funds you are applying for be used? (List local projects or economic benefits. Be specific.)

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How will this project address local community needs?

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How will you measure the success of your project?

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***I certify that the information above is correct and that the sponsorship, if approved, would be used solely as described above.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_