

Sponsorship Request Form

Please complete all information and submit at least 12 weeks prior to event. Incomplete applications will not be considered.

Name of Organization: _____

Contact Person: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Tax Status: _____ Tax ID # _____

Type of sponsorship requested: Monetary Other (describe) _____

Amount requested: _____ Please list sponsorship levels and associated benefits:

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

If yes, how much and when? _____

List other major contributors to this cause: _____

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

Internal Use Only

Received by: _____

Date received: _____

Recommendation: _____

Approval date: _____

Organization Notified: _____

Invoice or check request submitted &

date: _____

PURPOSE:

Please describe the nature of your organization and what funds raised will be used for: _____

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 St. Anthony Hospital employees actively involved in your organization? Yes No

If yes, please list their names and function within your organization: _____

How will this project address local community needs? _____

How will you measure the success of your project? _____

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

Signature: _____ **Date** _____

Please remit to emilysmith@chiwest.com, or mail to 2801 St. Anthony Way, Pendleton Oregon 97801 - Attn:

Emily Smith - Attach event flyer/brochure if applicable.