

Sponsorship Application

*Complete all information and submit at least 10 weeks prior to the event.
Incomplete applications will not be considered.*

Name of Organization: _____

Contact Person: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Type of Sponsorship Requested: ☐ Monetary ☐ In-Kind

Amount requested: \$ _____

Have you received a donation from Saint Mary's 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

Please classify your program below (select one):

- ☐ Health & Wellness ☐ Children, Youth & Education ☐ Culture & Humanities
☐ Civic Enhancement ☐ Other (please specify) _____

How many people will benefit **directly** from your efforts? _____

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

Are any hospital employees actively involved in your organization? ☐ Yes ☐ No

What is the primary focus of your organization?

If other local organizations provide similar services, list how your program is unique:

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

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: _____

Internal Use Only:

Received: _____ Recommendation: _____

Approval: _____ ☐ Organization Notified ☐ Logo Sent

Attendees: _____