



Primary Care | Family Dental | Psychiatric | Pediatrics | Therapy | Substance Use Treatment

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## COMMUNITY SPONSORSHIP / DONATION REQUEST FORM

Date: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization Mission: \_\_\_\_\_

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

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

Tax-Exempt Status:  501(c)3  Government Agency  Other: \_\_\_\_\_ EIN#: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Request:  1. \_\_\_\_\_ \$ CASH donation/sponsorship     3. \_\_\_\_\_ Gift basket for raffle or auction  
 2. \_\_\_\_\_ Membership     4. \_\_\_\_\_ Promote event on HH social media

\*Please attach sponsor levels/request

Who will be served by this event/project? (please include demographics): \_\_\_\_\_

How does this event/project align with the Heritage Health mission in our area? \_\_\_\_\_

If approved, how will Heritage Health be recognized for this sponsorship? \_\_\_\_\_

Has Heritage Health sponsored this event in the past?  Yes  No

*If this request is approved, I understand that I may be asked to provide Heritage Health with a follow-up report detailing how many people were impacted and how our contribution was used.*

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