



Primary Care | Family Dental | Psychiatric | Counseling | Pediatrics | Post-Acute Care | Substance Use Treatment

COMMUNITY EVENT/PROJECT SPONSORSHIP REQUEST FORM

Date: _____ Contact Name: _____

Organization: _____

Organization Mission: _____

Address: _____

Phone: _____ Email: _____

Tax-Exempt Status: IRS 501(c)3 Government Agency Other: _____

Event/Project Name: _____

Event/Project Date(s): _____ Amount Requested: _____

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

How will this event/project improve healthcare in our area? _____

How will you measure success? _____

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

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

Other anticipated funding sources for this project? Yes No *If yes, please specify:* _____

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: _____

REV: 07/18