



## Sponsorship Intake Form

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

Primary focus of your organization: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

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

Type of Sponsorship Requested:  Monetary  In-Kind

Amount you are requesting: \_\_\_\_\_ Date of event: \_\_\_\_\_

Outline the sponsorship package (i.e. logo, table, social media, shirts...):  
\_\_\_\_\_  
\_\_\_\_\_

Outline the Hospital's involvement (i.e. attendees for event, staff for table...):  
\_\_\_\_\_

How does this event support our mission statement "making communities healthier?"  
\_\_\_\_\_

<b>Internal Use Only</b>	
Date Received: _____	Notes: _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Logo Sent: _____
Authorized by: _____	W9 Received: _____
POV: _____	Invoice Received: _____