SPONSORSHIP/CHARITABLE GIVING APPLICATION

*Please provide 30 days advanced notice for sponsorship review. Send completed applications to Casey Farley at cmfarley@jmc.org

Request Date: ___ / ___ / ___

1. Legal Name of Organization: ________________________________________________
   Address: ____________________________________________________________________
   ___________________________________________________________________________
   Telephone: __________________ Fax: __________________
   Email: ___________________________ Website: _________________________________
   Name and Title of Contact Person: _____________________________________________
   Name of Executive Director: ____________________________________________________
   Name of President of Board: ___________________________________________________

2. IRS 501 (c) (3) Nonprofit? Please Mark: Yes _____ No _____ Federal ID Number: ________________
   If Yes, please attach copy of designation letter from the IRS.
   If No, please identify your fiscal agent and attach the written agreement from the fiscal agent.

   ___________________________________________________________________________
   ___________________________________________________________________________

4. Type of Contribution Requested: _______________________________________________

5. If not a financial request, is this a request for goods? If yes, please describe desired item (raffle item, participant giveaway items, etc.) and total number requested: ________________________________

6. Program Name: __________________________________________________________________

7. Amount Requested: $ _______________________

8. Time Period Contribution will Cover: _____________________________________________

9. Indicate the Main Priority for this Request: __________________________________________
10. Summarize the proposal and the strategic link with our hospital: __________________________________________

___________________________________________________________________________________________

11. List target population, constituents and geographic communities: __________________________________________

___________________________________________________________________________________________

12. Please list any marketing exposure that will be provided: __________________________________________

___________________________________________________________________________________________

13. List previous support from the hospital in the last five years, purpose, amount and date: ______________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

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14. List other area health care organizations supporting this initiative along with the respective levels of support:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

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___________________________________________________________________________________________

Signature of Executive Director: ___________________________ Date: __________________________

Jennie Stuart Health is committed to promoting the health and well-being of our community. We are so appreciative for the community partnerships we have had throughout the years with many outstanding organizations.

We try to reply to sponsorship requests as soon as possible. Due to the overwhelming number of requests, we must limit our contributions to qualifying philanthropic organizations focused on healthcare related missions. Our goal is to align with community-based health initiatives to promote and support the local community and surrounding areas.

When possible, we also like to provide community support in ways other than a financial contribution. Examples of such a partnership includes health fairs and educational healthcare events. Our participation would include provision of sign/banner. Certain goods or supplies to assist in your community outreach, or health-related collateral. If we can assist your organization by providing support in one of these ways, we welcome the opportunity to partner with you in fulfilling your mission.

We will be in contact with you if we are able to offer your organization financial support. Thank you for all you do for our community and positive impact you make. We appreciate your interest in Jennie Stuart Health.