



Sponsorship Request Form

Better is our mission, improving lives through personalized health and care.

Today's Date: _____

Contact Name: _____

Organization: _____

Purpose/Mission of your Organization:

Phone: _____

Address: _____

City/State/Zip: _____

Fax: _____

E-mail: _____

Mobile: _____

Tax-exempt Status:

_____ IRS 501 (c)3 _____ Government agency/school

Other (Specify) _____

Event/Project Name: _____

Event/Project Date(s): _____

Date Contribution is needed: _____

Event/Project Location: _____

Who will be served by this event/project (demographics, number of people served)?

How will this event/project provide a health-related benefit?

How will you measure your results?

If approved, how will San Juan Regional Medical Center be recognized for this sponsorship?

Does your organization receive funding from United Way? Yes No

Other anticipated funding sources for the event/project:

If this funding request is approved, I understand that I may be asked to provide San Juan Regional Medical Center with a follow-up report detailing how the contribution was used, how many people were impacted, and how SJRMC was recognized.

Name

Date