



# SAN JUAN REGIONAL MEDICAL CENTER

## 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)?

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

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How will you measure your results?

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

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Does your organization receive funding from United Way?    ☐ Yes    ☐ No

Other anticipated funding sources for the event/project:

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**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