



SPONSORSHIP REQUEST APPLICATION
Fiscal Year 2020 (July 1, 2019 – June 30, 2020)

Today's Date	
Organization Name	
Non-profit Tax ID Number	
Contact Name	
Contact Title	
Contact Email	
Contact Phone	
Payment Mailing Address	
Organization website	
Briefly describe the mission of your organization	

Name of request (event, program, sponsorship)	
Briefly describe request and identify which community health need you will be addressing. <ul style="list-style-type: none">• Access to Care• Cancer• Chronic Disease• Mental and Behavioral Health• Overweight/Obesity• Social determinants of health• Trauma/Injury Prevention	

Explain how the contribution will help support the mission of Dignity Health.	
Name of Dignity Health employee champion that is directly involved with your organization. They must be willing to oversee all aspects of the event sponsorship as needed.	
Date of Event (if any) Start/End Time of Event	
Exact address of event (if any)	
Ad specs and deadline (if applicable)	
List additional sponsorship offerings received i.e. seats, golfers, walk registration, etc. (if any)	
Deadline date you need the names of event attendees	
Please list the name, phone and email of the person to receive attendee list	
Amount of request	
What percentage/amount of total contribution goes towards directly funding the org's mission?	
Has your organization received sponsorship from a Dignity Health facility including Arizona General Hospital, Barrow Neurological Institute, Chandler Regional Medical Center, Mercy Gilbert Medical Center, St. Joseph's Hospital and Medical Center and St. Joseph's Westgate Hospital? If so, please explain when, how much and for what.	

Please check to make sure you completed all aspects of the request. Did you...

- ✓ Complete the application in its entirety and submit request more than 90 days in advance?
- ✓ Submit your w-9?
- ✓ Submit your flyer, brochure, or sponsorship package details?
- ✓ Compile **ALL documents as one file** (preferably pdf), **label it the name of your organization** and email to Julie.graham@dignityhealth.org?