



St. John's Regional Medical Center
1600 North Rose Avenue
Oxnard, CA 93030
direct 805.988.2500

St. John's Pleasant Valley Hospital
2309 Antonio Avenue
Camarillo, CA 93010
direct 805.389.5800

SPONSORSHIP REQUEST APPLICATION

Today's Date: _____

1. All requests must be made by completing this form and attaching your flyer, brochure, or request letter on letterhead.
2. Requests must be made **at least three months prior to date needed.**
3. **All requests are reviewed by the Sponsorship Oversight Committee. The committee determines whether Dignity Health Central Coast will sponsor you/ your organization.**
4. Send Request Application to: Arrate Zavala, Marketing Manager by mail to 1600 N. Rose Ave., Oxnard, CA 93030 or email to Arrate.Zavala@DignityHealth.org.

Name of Organization/Group Requesting Sponsorship: _____

Address: _____

City/State/Zip: _____

Taxpayer ID number: _____ (Please include your W-9 form)

Contact Person: _____ Telephone: _____

E-mail: _____

Include the following:

1) Check payable to: _____

2) Mailing address: _____

3) Number of people attending the event and/or event reach: _____

4) If applicable, artwork specs (color, size, and file format): _____

5) Number of people viewing advertisement (impressions): _____

Donation Requested: \$ _____ Date the Check is needed: _____

Purpose of request (what will a donation help you accomplish?). Attach additional pages if necessary: _____

Please note that while all sponsorships are considered and all are worthy, those which align with our mission to help provide access to care or which promotes health and wellbeing in the communities we serve will be given greater consideration.

Has your organization received sponsorship from St. John's Hospitals in the past? _____ If so, when, for what and for how much? _____

Please attach your flyer, brochure, or letter advertising your event.