Dignity Health

Arroyo Grande Community Hospital
French Hospital Medical Center
Marian Regional Medical Center

SPONSORSHIP REQUEST APPLICATION

Today's Date_____

1. All requests must be made by completing this form and attaching your flyer, brochure, or request on letterhead.
2. **Requests must be made <u>at least three months prior to date needed</u>**.
3. **All requests are reviewed by the Sponsorship Oversight Committee. The committee determines whether Dignity Health of the Central Coast will sponsor you or your organization**.
4. Send Request Application to Sara San Juan, at: Sara.sanjuan@dignityhealth.org or at 1400 East Church Street, Santa Maria, CA 93454; 805.739.3574.

Name of Organization or Group Requesting Sponsorship:_____

Address_____

City/State/Zip_____

Taxpayer ID number_____

Contact Person _____ Telephone #_____
E-mail address_____

Include the following:
1) Check payable to_____
2) Mailing address_____
3) If applicable - Print ad specs (size and format) _____

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 Arroyo Grande Community Hospital, French Hospital Medical Center or Marian Regional Medical Center in the past? ____ If so, when? for what and for how much? _____

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