

## 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 at least three months prior to date needed.**
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](mailto: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