

## Sponsorship Request Application

Today's Date

Organization Name

Non-profit Tax ID Number

Contact Name

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.

- Access to Care
- Overweight/Obesity
- Cancer
- Chronic Disease
- Mental and Behavioral Health
- Response to COVID-19 Pandemic
- Social Determinants of Health including racial and ethnic disparities
- Social Injustice
- 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 number and email of the person to receive attendee list.

Amount of request.

What percentage/amount of total contribution goes towards directly funding the organization's mission?

Has your organization received sponsorship from a Dignity Health facility including?

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 it to [abby.gonzalez@commonspirit.org](mailto:abby.gonzalez@commonspirit.org)