



Sponsorship Request Form

Date of Request: _____

Organizational Information

Organization: _____

Contact Name: _____ Title: _____

Email: _____ Phone: _____

Mailing Address: _____

Organization's status (circle one): Non-profit For-profit Years in operations: _____

Have you received a sponsorship from Margaret Mary Health in the past? (circle one)

Yes No

If yes, please list amount(s), date(s) and a brief description of sponsorship and event/program.

Event/Program Information

Name and description of sponsorship event: _____

Event Date: _____ Location (city and facility): _____

Expected Attendance (circle one):

1-100 100-300 300-500 500 – 1,000 1,000 – 2,000 2,000+

Requested sponsorship amount: _____ Date needed: _____

How will Margaret Mary Health receive recognition as a sponsor?

Deadline for deliverables: _____

Additional information you would like to provide: _____

Please include/attach any supporting documentation about your event/program, promotional materials, etc.

Please note all usage of the Margaret Mary Health logo and brand must be submitted for approval prior to production.