St.Francis
EMORY HEALTHCARE

Sponsorship Application

Complete all information and submit at least 8 weeks prior to event.
Incomplete applications will not be considered.

Internal Use Only

Initial and Date

Received:________________

Recommendation:

____

____

*Approval:*________________

*Organization Notified:*_______

Logo Sent: ____________

Attendees: _______________

____

Name of Organization: ____

Contact Person: ____

Mailing Address: ____

City/State/Zip: ____

Phone: ______________ Email:_________________________________

Tax Status ______________________ Tax ID #: ____________________

Type of sponsorship requested: ☐ Monetary ☐ In-Kind

Amount or in-kind donation you are requesting $ ____________________

Have you received a monetary or in-kind donation from this hospital in the past?

☐ Yes ☐ No

If yes, how much and when? ____

OTHER DONATIONS

List a few of your other major contributors for this event/cause:

____

Are any other fundraisers planned (or that have taken place this fiscal year)? Please list:

____

PURPOSE

What percentage of the money you raise goes toward administrative costs? __________%

Please classify your program below (select one)

☐ Health & wellness ☐ Children, youth & education ☐ Culture & humanities

☐ Civic Enhancement ☐ Other (specify) ___________________________________

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How many people will benefit **directly** from your efforts? ______________________________

If this request is for a specific event, list the date(s) of the event ________________________

Are any St. Francis Hospital associates actively involved in your organization?

☐ Yes ☐ No

If yes, please list their names and functions within your organizations

____

What is the primary focus of your organization?

____

____

____

If other local organizations provide the similar services, indicate how your program is unique.

____

____

How exactly will the funds you are applying for be used? (List local projects or economic benefits. Be specific.) ____

____

How will this project address local community needs?

____

____

How will you measure the success of your project?

____

____

I certify that the information above is correct and that the sponsorship, if approved, would be used solely as described above.

St.Francis

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Signature: ____________________________________ Date: ____________________________