

Community Sponsorship/ Donation Request Form



Please complete this form **eight weeks prior** to your needs. All fields are required to be completed.

Organization Name _____

Key Contact _____

Address _____

Email _____

Phone _____

If your organization is classified as a 501(c) (3) nonprofit, please provide Federal Tax ID _____

Type of Donation Requested (Select all that apply.)

_____ **Event sponsorship:** Please provide details/attachments of all levels of sponsorship options.

- **Is an Ad or logo required?** _____
- **If an ad is required, what sizes are available?** _____
- **To whom shall we submit the Ad or Logo?** _____
 - **Name** _____
 - **Email address** _____
- **What type of art file is needed?** _____
- **What is the deadline for submission of the Ad/logo?** _____

_____ **Team sponsorship**

_____ **Monetary request - Amount requested** _____

_____ **Promotional items: please explain amount needed and purpose/use**

_____ **Other:** If other, please describe _____

*Please note IHS logos are not permitted to be altered in any way.

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How many people will benefit from IHS's participation? _____

Please submit the completed form by email or mail to one the physical addresses listed below:

Butler Memorial Hospital
PR & Marketing Department
Marketing Department
1 Hospital Way
Butler, PA 16001

Melissa.Forster@independence.health

Clarion Hospital
PR & Marketing Department
Marketing Department
1 Hospital Drive
Clarion, PA 16001

Westmoreland Area
Marketing Department
& Community Relations
433 Frye Farm Road, Upper Level
Greensburg, PA 15601

Patricia.Buhl@independence.health