



Sponsorship & Charitable Donations Request Form

NOTE: All requests must be submitted on this form to the Corporate Planning & Development Department a minimum of 12 weeks prior to date needed. **Please fill out this form completely.** This is required in order for request to be processed. Additionally, all requests must have supporting documentation attached with information on the event, purpose, sponsorship levels, etc. *For more information, call (601) 261-3689.*

MAIL TO: Hattiesburg Clinic, Corporate Planning & Development | 415 S. 28th Avenue, Hattiesburg, MS 39401
FAX TO: (601) 261-3601 **OR** **EMAIL TO:** prmanager@hattiesburgclinic.com

ORGANIZATION:

TYPE OF ORGANIZATION:

- Business
- Non-profit

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

FAX: _____

FEDERAL TAX ID NUMBER (or Social Security Number, if individual):

*The Federal Tax ID number or SSN is needed if a monetary donation is requested so the organization or individual may be entered into the Hattiesburg Clinic vendor system and a check issued. **A W-9 needs to accompany this request.***

REQUEST MADE BY: _____

PHONE: _____

E-MAIL: _____

Hattiesburg Clinic is committed to supporting initiatives that support health, education and community development. Please indicate what initiative this project/event supports and describe how this project/event provides opportunities for the clinic to support the community.

PLEASE CHECK WHICH INITIATIVE THIS REQUEST WOULD FALL UNDER:

- Health
- Education
- Economic/Community Development

HOW DOES THIS EVENT/PROJECT PROVIDE OPPORTUNITIES FOR THE CLINIC OR COMMUNITY?

Please continue on back.

Information on the event or request must be attached in order to be processed. All event/project documentation should also be attached.

EVENT:

WHAT IS THE PURPOSE OF THE EVENT/PROJECT?

EVENT/PROJECT FOUNDED IN: _____ DONATION TO BENEFIT WHOM: _____

DATE: _____ TIME: _____ LOCATION: _____

ESTIMATED ATTENDANCE: _____ LAST YEAR'S ATTENDANCE: _____

PRIMARY AGE GROUP OF ATTENDEES: _____

Include sponsorship/donation levels of participation: _____

TYPE OF DONATION REQUESTED:

- Door Prize Sponsorship Ad Sponsorship Novelty Items
 Charitable Contribution Other: _____

AD DIMENSIONS: _____ AD DEADLINE: _____

AD SUBMISSION EMAIL ADDRESS: _____

DESCRIBE IN DETAIL THE BENEFIT FOR SPONSOR/CONTRIBUTORS FOR PARTICIPATING:

Contact person will be notified as to whether or not the sponsorship is approved and at what level.

Office Use Only

DATE RECEIVED: _____ APPROVED: _____ DECLINED: _____

REASON:

LEVEL OF PARTICIPATION:

- Check requested Door Prize Given Ad Submitted
 Other _____

CONTACT PERSON NOTIFIED: (DATE) _____ (BY): _____