



## SPONSORSHIP REQUEST FORM

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WHAT TYPE OF DONATIONS ARE YOU SEEKING?

- SPONSORSHIP/MONETARY AMOUNT \$\_\_\_\_\_
- SPECIFIC EVENT SPONSORSHIP
- NON-PROFIT CAMPAIGN
- OTHER

ARE YOU OR YOUR CHILDREN A PATIENT OR FORMER PATIENT? [ ] YES [ ] NO

ADDRESS IF RETURN CORRESPONDENCE IS NEEDED: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

PLEASE PROVIDE A BRIEF NARRATIVE OF WHAT YOUR DONATION/SPONSORSHIP REQUEST ENTAILS AND WHAT IT WOULD MEAN TO YOU AND ORGANIZATION IF CHOSEN: