

## SPONSORSHIP REQUEST APPLICATION

Today's date: \_\_\_\_\_

1. All requests must include this form *in addition to your flyer, brochure, or request on letterhead.*
2. **Requests must be made at least three months prior to date needed.**
3. All requests are reviewed by the Sponsorship Oversight Committee.
4. Email the completed request to: [communicationscentralcoast@commonspirit.org](mailto:communicationscentralcoast@commonspirit.org).

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Name of organization  
requesting sponsorship: \_\_\_\_\_  
*(This is the name that will appear on the check unless otherwise noted)*

Address: \_\_\_\_\_  
*(This is the address the check will be mailed to unless otherwise noted)*

City/State/Zip: \_\_\_\_\_

**Taxpayer ID number:** \_\_\_\_\_ (please include W-9)

Contact person: \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Amount requested \$ \_\_\_\_\_ Date check is needed \_\_\_\_\_

Print ad size and format, if applicable \_\_\_\_\_

Purpose of request: (What does the sponsorship support?) Attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please note, while supportive in spirit of all approaches that encourage positive community improvements, we are limited to providing financial support to projects most closely aligned with our core mission and values.*

Has your organization received sponsorship from Arroyo Grande Community Hospital, French Hospital Medical Center or Marian Regional Medical Center in the past? \_\_\_\_\_

If so, when? For what and for how much? \_\_\_\_\_