

# **bellin**health

## Community Sponsorship Request Form

Supporting initiatives that advance current programs or address issues of importance to healthcare in the communities served by Bellin Health is the primary purpose for providing Community Sponsorships. All requests must have a clear case for how the sponsorship dollars requested will be utilized to improve the health of the people the event is designed to serve.

**Important note for individual requests and sport teams' sponsorship requests:** Bellin Health does not provide sponsorship support for individual or academic groups' participation in regional or national competitions, camps, or events (e.g., bowl-a-thons, walks or runs).

**Please note:** Sponsorship request must be submitted 90 days prior to the event for consideration.

Event/Program Name: \_\_\_\_\_

Benefit Description: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date(s)/Time of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Is this a first time event? \_\_\_\_ NO \_\_\_\_ YES (if yes, go to question 4)
2. How many years has this event been held? \_\_\_\_\_
3. On average, how much money does this event raise each year? \_\_\_\_\_
4. What are anticipated total revenues and expenses for this year's event? \_\_\_\_\_
5. Will the money raised be designated for a certain program or patient group?  
\_\_\_\_ NO \_\_\_\_ YES (if yes, indicate how the funds will be used)  
\_\_\_\_\_  
\_\_\_\_\_

6. How will your request for sponsorship be utilized to improve the health of the people you serve?

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

7. Will Bellin Health be the sole healthcare sponsor? \_\_\_\_NO \_\_\_\_YES (If no, what other healthcare organizations will be involved?)\_\_\_\_\_

8. What will you request from Bellin Health? (Marketing, signage, logo, volunteers, etc.)

\_\_\_\_\_

9. How will the event be promoted?

\_\_\_\_\_

10. Who is your target audience? Include geographic and demographics.

\_\_\_\_\_

11. How many participants do you anticipate? \_\_\_\_\_

12. Is there an opportunity for Bellin to provide screenings, information or booth?

\_\_\_\_\_

Please return this form and any other pertinent information to:

Bellin Health Sponsorship Committee  
c/o: The Bellin Health Foundation  
Attn: Amy Stach  
744 S Webster Avenue  
Green Bay, WI 54301

Or via email:  
[amstac@bellin.org](mailto:amstac@bellin.org)

Or via fax:  
920-433-6062

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For office use only:

Application received \_\_\_\_\_ Event Date \_\_\_\_\_ 90 Days? \_\_\_\_\_

Next scheduled meeting date \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_