

Sponsorship Application

Complete all information below. Incomplete applications will not be considered.

Attach the following required documents. Submissions without the following will not be considered:

____ Written materials with sponsorship levels detailing the event and benefits of sponsorship

____ (if monetary donation is requested) valid W9 ensuring that the organization name on the W9 matches the name the check is to be paid and the organization name below.

Submit completed form and attachments at least 10 weeks prior to event or deadline for check.

Name of Organization: _____

Contact Person: _____

Mailing Address: _____

City/State/Zip: _____

School District or County Served by Organization: _____

Phone: _____

Email: _____

Tax Status: _____ Tax ID #: _____

Type of Sponsorship requested: Monetary In-kind: printing/catering/basket

Have you received a donation (monetary or other) from Conemaugh in the past? Yes No

Date of the event _____

due date of check _____

Amount you are requesting*: _____

In kind request details (printing: how many of item, catering: how many people, basket: details for donation: _____

**if requested amount is \$500+ please complete the 2nd page – if not, skip to sign/date and attach required documents to submit for committee review.*

I certify that the information above is correct and that the sponsorship, if approved, would be used solely as attachments describe.

Signature: _____ Date: _____

Return via US mail:
1086 Franklin Street
(attn.: Marketing/sponsorship request)
Johnstown, Pa 15905

Email: marketing@conemaugh.org
(subject: sponsorship request)

fax: 814-539-0264

Internal use only

Received date: approved/denied: amount: org notified: logo sent:

Sponsorship Application

***Requests \$500+ must complete all information below**

How many people will benefit directly from your efforts?

Are any Conemaugh Health System (Memorial, Miners, Meyersdale or Nason) employees actively involved in your organization? Yes No

If yes, please list their names and titles within your organizations

What is the primary focus of your organization? (Check One)

Health and Wellness

Children/Youth education

Culture/humanities/arts

Religion/spiritual life

Sports/booster clubs

Civic

Disaster

Other: _____

How exactly will the funds you are applying for be used? (List local projects or economic benefits. Please specific.)

How will this project address local community needs? How does this project align with Conemaugh's mission of Making Communities Healthier?

How will you measure the success of your project?

(Optional) Is there anything else we should know about your program that makes it unique?

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