

## St. Mary's Health Care System Sponsorship/Donation Request Form

\*Please note that your request is only eligible if your organization is NON-PROFIT

Date of Request:
Organization Name:
Mailing Address:
Name of Requester:
Business Phone/Cell Phone:
Email Address:
Organization Tax Status/EIN:
Type of Request <i>(see St. Mary's Health Care System's Sponsorship/Donation Policy)</i>  Charitable Donation    Sponsorship    Event Support
Name of Event or Sponsorship:
Amount requested:
Previous sponsorship/donation awarded from St. Mary's Health Care System?    Yes    No  <i>If answer is yes, please provide a date/event and amount awarded:</i>
Does sponsorship include a program advertisement?    Yes    No  <i>If answer is yes, when is program advertisement due?</i>
Timeline/Deadline for decision:  <i>(Sponsorship form and supporting documentation must be received a minimum of 90 days prior to event)</i>

Project Description: (Briefly describe the sponsorship or charitable donation, how the funds will be used, other sponsors, and how the sponsorship will benefit St. Mary's Health Care System – *attach additional materials if necessary*).

Please indicate which of the St. Mary's Health Care System Sponsorship/Donation Criteria this request addresses:

Support St. Mary's Mission to be a transforming and healing presence within our communities.

Access to Health Services

Obesity

Diabetes

Stroke/Cardiovascular Disease

Physical Activity & Nutrition

Reaches the poor & underserved

Other:

Please make sure your request includes all of the following:

- [St. Mary's Health Care System's](#) Sponsorship/Donation Request Form
- Corresponding Documents (*any additional documents you would like to attach*)

Submit Sponsorship/Donation Materials to the attention of Melissa McDaniel, Administrative Assistant Marketing.

Email to: [mmcdaniel@stmarysathens.org](mailto:mmcdaniel@stmarysathens.org) or fax to: 706-389-3891

Mail to: St. Mary's Health Care System,

[Attn: Melissa McDaniel, Marketing Department](#)

1230 Baxter Street Athens, GA 30606

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**For office only:**

Date received: \_\_\_\_\_ Date Presented to Contribution Committee: \_\_\_\_\_

Fund (Y/N): \_\_\_\_\_ Type/Amount: \_\_\_\_\_