Witham Health Services Sponsorship Form

INSTRUCTIONS

Please be sure to read Witham Health Services Sponsorship Guidelines. You must fill out the form completely for your request to be considered. You may attach additional correspondence if you wish.

Please submit the request by the Due Date

If your event or sponsorship occurs January 1 – June 30 ***Submit Request by November 1 deadline***
If your event or sponsorship occurs July 1 - December 31 ***Submit Request by May 1 deadline***
If you are requesting sponsorship for more than one event for the same organization please include them all in one sponsorship request.

If you have any questions, please check with the Marketing Department at 765-485-8107.

GENERAL INFORMATION

Requesting Organization _____

Date Sponsorship Request Submitted _____

Program/Event Name _____

(Example: Diabetes Walk. Youth Football League. Breast Cancer Awareness. etc.)

For **internal** use **only**

Date Received _____

Received by _____

What type of sponsorship/donation are you requesting?
Please complete each area that applies.

Dollar Amount _____ In-Kind Items _____

(Example: Pens, brochures, first-aid kits, etc.)

Is your organization a 501 (c) 3? Yes _____ No _____

Contact Name: _____

Phone Number: _____Email:_____

Check should be written to: _____

Check should be mailed to: _____

Please see page 2 & 3 for additional questions.

How does your request meet the criteria in the sponsorship guidelines?

How does your request align with Witham's Mission?
To improve health through genuine care and unwavering support.

How does your request align with Witham's Values?
Honesty….Thoughtfulness….Supportive Community….Professionalism

How does your request serve residents of Boone County and surrounding areas?
Does it reach underserved populations?

How does your request promote wellness?

How does your request meet the Community Health Needs Assessment (CHNA) Goals?
To improve residents' health status, increase their life spans, and elevate their overall quality of life?

To reduce the health disparities among residents?

To increase accessibility to preventive services for all community residents?

Please see page 3 for additional questions.

How does your request provide exposure and positive public awareness for Witham Health Services in key markets?

Logo on marketing materials	Yes _____ No _____
Ad in programs, newspaper etc.	Yes _____ No _____
Booth Space for Witham at event	Yes _____ No _____
Opportunity to hand out Witham promotional items	Yes _____ No _____
Speaking Opportunity for Witham	Yes _____ No _____
Table at event for Witham guests	Yes _____ No _____

Artwork should be sent to: _____ (*Name*)

_____ (Email Address)

I have attached art guidelines and advertising specs Yes _____ No _____

Please feel free to attach additional pages with supporting documents.

Email information to sponsorships@witham.org

Or Mail to:

Witham Health Services
Marketing Department
2705 North Lebanon Street
Suite 115
Lebanon, IN 46052