

Frye Regional Sponsorship Application

ABOUT THE PROCESS

Requests for 2019-2020 must be received between March 1-April 1, 2018. Applications will not be considered without a current W-9, LifePoint Local Supplier Ownership Certificate paperwork and a copy of sponsorship levels (if appropriate) with the application request. Forms can be found at myfryeregional.com
Complete all information and submit to Dana Killian, dana.killian@lpnt.net.

Name of Organization: _____

Contact Person: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Tax Status: _____ Tax ID #: _____

Type of sponsorship requested: Monetary In-Kind

Amount you are requesting \$ _____

Have you received a monetary donation from this hospital in the past? Yes No

If so, how much and when? _____

OTHER DONATIONS

List your major contributors to this event/cause:

Are any other fundraisers planned (or have taken place this fiscal year)? Please list:

PURPOSE

What percentage of the money you raise goes toward administrative costs? ____%

Please classify your program below (select one)

Health & wellness Children, youth & education Culture & humanities Civic Enhancement

Other (specify)

SPONSORSHIP CONTACT

Dana Killian 828.315.3109

Dana.Killian@lpnt.net

FRYE REGIONAL
MEDICAL CENTER

A Duke LifePoint Hospital

How many people will benefit directly from your efforts? _____

If this request is for a specific event, list the date(s) of the event. _____

Are any hospital employees actively involved in your organization? Yes No

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

What is the primary focus of your organization? _____

If other local organizations provide the similar services, indicate how your program is unique.

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

How will this project make our communities healthier? _____

How will you measure the success of your project?

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

Signature: _____ Date: _____

FRYE REGIONAL
MEDICAL CENTER

A Duke LifePoint Hospital