

A Duke LifePoint Hospital

Complete all information and submit at least 12 weeks prior to event. Incomplete applications will not be considered.

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     Culture & humanities

Civic Enhancement     Other (specify) \_\_\_\_\_

### Internal Use Only

*Initial and Date*

Received: \_\_\_\_\_

Recommendation:

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

Approval: \_\_\_\_\_

Organization Notified: \_\_\_\_\_

Logo Sent: \_\_\_\_\_

# Sponsorship Application

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 Frye Regional 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 address local community needs?

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_