

Request for Sponsorship

Name of Requester: _____

Name of organization: _____

Event/Project name: _____

Address: _____

Phone: _____ Email: _____ 501(c) non-profit: Yes No

Project/Event Description (include date, time, location, number of people):

How does this project connect to MaineGeneral's mission and vision?

Amount requested: _____

Is this the only request being submitted this fiscal year (July 1 – June 30)? Yes No

If no, please submit request form for each sponsorship request this year.

How will the funds be used?

Mission of organization: _____

List the sponsorship benefits to MaineGeneral Health (check boxes that apply):

Logo in advertising

Inclusion in program

Name in advertising

Verbal recognition

Logo on signage

Mention in materials

Name on signage

Other: _____

Additional Sponsorship info:

Please complete and return this form at least 6 weeks prior to your event/project and return to:

Office of the CEO
MaineGeneral Health
35 Medical Center Parkway
Augusta, ME 04330