

Sponsorship Request Form



Avita Health System is a not-for-profit organization that is actively involved in the community by supporting local events and initiatives that align with our mission of improving the health and wellbeing of those we serve. To request a sponsorship, please carefully fill out this form and submit to the address or email below.

Requests must be submitted a minimum of 90 days in advance. **Please note:** Requests that meet any of the following criteria may NOT be considered for funding: Individual appeals, donations for religious or political purposes, organizations outside of the communities that we serve, and organizations that are FOR profit.

General Information

Today's Date

Organization

Address

Phone

Fax

Website

Name of Event

Date of Event

Location

Purpose of Event

Sponsorship Requested (please attach any additional info)

Is Your Organization Non-Profit? Yes No

Sponsorship Contact Information

Sponsorship Coordinator

Daytime Phone

Email

Partnership Benefits

If any, please list all sponsorship benefits, included but not limited to: Banners, Program Recognition, Advertisement, etc.

Sponsorship Benefits Available to Avita Health System:

- | | |
|------------------------|----------------------|
| Logo in Advertisements | Logo on Billboards |
| Logo on T-shirts | Logo on Flyers |
| Logo on Poster | Logo Link on Website |
| Radio Recognition | Vendor Table |
| TV Recognition | Other |

If other, please describe:

I understand completing this form is not an agreement, but a request for an Avita Health System sponsorship.

Print Name: _____

Signature: _____

Please submit the Sponsorship Request Form via mail or email:

Avita Health System, Attn: Marketing Department
269 Portland Way South, Galion, Ohio 44833 • **Email:** cwalter@avitahs.org