

Sponsorship Request Form

St. Elizabeth Healthcare is committed to supporting community activities in the areas of health and wellness education. We value our community and work every day to make a difference in people's lives and fulfill our mission of healing.

If you are seeking a partnership or sponsorship from St. Elizabeth Healthcare, please fill out the following form and email it to sponsorships@stelizabeth.com.

Name of event/organization:		
Location: (include address, if applicable)		
Event Date(s):	Time(s):	
Audience size expected and/or attendance history:		
Audience demographic (e.g., adults, business, community, families):		
Benefactor(s) of event:		
Event history (if applicable):		
Event objectives:		
Event contact name:		
Phone number:	Email:	
Sponsorship commitment/ Publication deadline		
Date of request		



Please describe what you are requesting from St. Elizabeth Healthcare: (e.g., cash contribution, community health services, in-kind donations, etc.)
How will the money raised/donated be used? Also, at the conclusion of the event, we require that you send us an itemized audit of the exact use of our donation so that we may have this on file.
Will this event/sponsorship improve the health of our community? If so, how?
Sponsorship benefits provided to St. Elizabeth Healthcare: Will we be receiving tickets/table for the event? If yes, how many?
Will space be provided to us at the event? If yes, will it be a booth, table and chairs, etc.? What is provided?
Will we be included in advertising? (Please list specific advertising opportunities, e.g., ad in program on-site signage, PA announcements, etc., and number of impressions for each.)
What are the advertising specifications? (file type, ad size, color or black/white, etc.)



Will we be included in direct mail or email efforts? (Please include frequency, recipient demograp and nature of inclusion.)	hics _
Will we be recognized on the website or in social media? (Please list traffic expectancy for websiand social media, as well as the nature of the inclusion.)	:e _
Please list any other opportunities not mentioned.	_
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<u>Submission Process:</u> Please submit this completed form with any attachments at least **60 days prior** to the publication of any marketing materials for the event and/or your sponsorship deadline. Any requests submitted less than 60 days prior to deadline, may not be considered.

Please attach a complete list of sponsorship levels and benefits, if available, and any supporting material you feel would help us in our decision-making process.

Should St. Elizabeth Healthcare choose to sponsor or partner with your event/organization, the following guidelines will apply:

<u>Logo/Name Usage:</u> Our organization should always be referred to as "St. Elizabeth Healthcare." Only the official St. Elizabeth Healthcare logo should be used. To obtain the logo, please contact sponsorships@stelizabeth.com.

All use of our logo must be approved in advance of printing any promotional materials. If possible, the three color logo should be used. If the application does not allow this, we have single color logos available in black, white and St. Elizabeth blue.

Exclusivity: Depending on the level of sponsorship, St. Elizabeth Healthcare reserves the right to be the exclusive healthcare sponsor.