



Request for Sponsorship

Organization name: _____

Contact person:

Name: _____

Phone: _____

E-mail: _____

Event: _____

Event hours and date: _____

Letter of introduction

Details on levels and benefits of sponsorship

How funds will be used to benefit the health of our community: _____

Complete list of what the organization needs from Skagit Regional Health (logo, etc.).

Organization to provide copies of materials featuring the Skagit Regional health name and/or brand for our records.

Organization will provide materials for promotion of the event such as posters and brochures for Skagit Regional Health employees and within our facilities.

When is payment due? _____

To whom to submit payment:

Name: _____

Address: _____

Phone: _____

E-mail address: _____

Organization will provide current W-9 form.

Please submit the request a minimum of four months before the event. Email the completed form, the letter of introduction and other documents to **sponsorship@skagitregionalhealth.org**.