Sponsorship and Donation Request Form

As a responsible member of our community, Navarro Regional Hospital would like to provide support to local events and organizations. As you can imagine, however, we do receive a large amount of requests for support and donations. To be fair to all members of the community, the following guidelines have been established for our organization.

Every request for a charitable donation or sponsorship needs to be submitted to the hospital marketing department or CEO via the form below. It is important to receive written documentation for these requests so the hospital can keep track of every request for year-end tax record purposes and community benefit reporting.

Type of request (donation or sponsorship): _____

Purpose of request (who is the money benefitting?):

_____

_____

Amount of request: $_____

Name of organization: _____

Tax ID number: _____

Organization address (for mailing payment):

_____

_____

How many people will benefit from this sponsorship/donation?_____

_____

Track record with particular event (tell us your successes):

_____

_____

_____

_____

Are you or a family member affiliated with Navarro Regional Hospital? If so, how? (examples include employees, board member, volunteer, etc.)

_____

_____

_____

Contact Information:

Name_____ Phone_____

e-mail_____ Fax_____

Please return this request to the Marketing Department at Navarro Regional Hospital anna.paul@navarrohospital.com or mail to Navarro Regional Hospital ATTN: Marketing Department, 3201 W. Hwy 22, Corsicana, TX 75110