



APPLICATION FOR SPONSORSHIP
SENTARA HEALTH FOUNDATION

Date of application: []

Name of organization: []

Contact person: [] Phone number: []

Address: []

E-mail address: []

Is this a 501c-3 organization? [] Can you provide an IRS ruling? [] EIN # []

Date of event: []

Name of event: []

Location of event: []

Briefly describe event and (optional) attach documentation (printed material publicizing the event):

[]

Amount of funding requested from Sentara: \$ []

Anticipated number of people served: [] Historical number of people served: []

Geographic area served: []

Overall event budget: \$ [] Cost of Admission: \$ []

Who will receive the proceeds from the event? []

Net funds anticipated to be raised: []

How will the dollars raised benefit the local community? []

[]

How will this improve the health of the community? []

[]

Will Sentara receive consideration in any way (tickets, signs, program listing)? []

[]

Please list members of the organization's local leadership []

Have you received a grant or other funding from Sentara in the last year? [] Yes [] No

If so, please explain: []

All recognition of Sentara must be reviewed by Sentara Marketing. Please contact them with any questions regarding recognition at 455-7169.

If you have questions regarding sponsorship, please call 455-7985 or 455-7976.