



Sponsorship Request Application for Yavapai Regional Medical Center

Fiscal Year 2024 (July 1, 2023 – June 30, 2024)

Today's Date

Organization Name

Non-profit Tax ID Number

Contact Name

Contact Email

Contact Phone

Payment Mailing Address

Organization Website

Briefly describe the mission of your organization

Name of request (event, program, sponsorship)

Briefly describe the request and identify which community needs you will be addressing for **Yavapai County**.

- Access to Healthcare: Financial Security
- Behavioral/Mental Health/Suicide
- Health care education and prevention including immunizations
- Nutrition: Food Insecurity, Exercise
- Shortage of medical professionals specifically primary care physicians
- Substance Abuse/Addiction

Explain how the contribution aligns with the mission, vision and values of Dignity Health.

Name of Dignity Health employee champion that is directly involved with your organization. They must be willing to oversee all aspects of the event sponsorship, as needed.

Date of Event (if any)

Start/End Time of Event (if any)

Exact Address of Event (if any)

Ad Specs and Deadline (if applicable)

List additional sponsorship offerings received, i.e. seats, golfers, walk registration, etc. (if any)

Deadline date you need the names of event attendees (if any)

Please list the name, phone number and email of the person to receive attendee list.

Amount of request (please include all sponsorship level options)

What percentage/amount of total contribution goes towards directly funding the organization's mission?

In the past two years, has your organization received sponsorship or a grant from a Dignity Health facility (Arizona General Hospital, Barrow Neurological Institute, Chandler Regional Medical Center, Dignity Health Medical Group, Mercy Gilbert Medical Center, St. Joseph's Hospital and Medical Center and St. Joseph's Westgate Hospital, Yavapai Regional Medical Center)? If so, please explain when, how much and for what.

Please check to make sure you completed all aspects of the request.

- ☐ Complete the application in its entirety and submit request more than 60 days in advance - the sooner the better.
- ☐ Submit your W-9
- ☐ Submit your flyer, brochure, or sponsorship package details, if applicable
- ☐ Compile **ALL documents as one file** (preferably .pdf), **label it the name of your organization ONLY i.e. Julie's Nonprofit** and email it to julie.graham@dignityhealth.org