



## SPONSORSHIP REQUEST FORM

Please complete the following information and submit it by email to [mwelch@hcmhcares.org](mailto:mwelch@hcmhcares.org) or mail it to Henry Community Health, 1000 N. 16th St., New Castle, IN 47362 ATTN: Luci Welch/Sponsorship Request.

Organization Name *(as it should appear on check)*: \_\_\_\_\_

Address *(to mail check)*: \_\_\_\_\_

Organization Type:    Arts    Civic/Community    Education    Health Related    Corporate    Sports

Organization Website/Social Media Site: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Daytime Phone: \_\_\_\_\_

Are You Affiliated With Henry Community Health:    Employee    Other \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Funds Needed: \_\_\_\_\_

Have You Requested Funds in the Past:    Yes    No   Amount Requested in the Past: \_\_\_\_\_

How Will Funds Be Used: \_\_\_\_\_

Logo Requirements *(include specs if there is to be advertising)* : \_\_\_\_\_

How Does This Sponsorship Affect the Health of the Community: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We encourage you to attach additional documents, such as event materials, flyers, etc. you feel would be helpful in our approval process. Thank you for submitting this request form. If you have questions, please contact Luci Welch at [mwelch@hcmhcares.org](mailto:mwelch@hcmhcares.org) or call 765.521.1580.

.....  
For Office Use Only

\_\_\_\_\_ / \_\_\_\_\_