



SPONSORSHIP REQUEST FORM

Please complete the following information and email to mwelch@hcmhcares.org or mail it to Henry Community Health, 1000 N. 16th St., New Castle, IN 47362 ATTN: PR/Marketing-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 sponsorship request form.

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If you have questions, please email mwelch@hcmhcares.org or call 765.521.1580.