

REQUEST FOR SPONSORSHIP

Contact Information		Event Date, Time and Location	
Organization name:		Date of event:	
Contact name:		Time of event:	
Phone:		Location of event:	
Fax:			
Email:			
Address:			

Additional Request Details		
Please provide additional details about your request for support here:		
Amount of support requested:	\$	
Have you been sponsored by Hartford Hospital in the Past?	Yes No	
<i>If Yes, Date of last sponsorship award:</i>		

Please answer Yes or No to the following questions below		
Is the request or activity intended to provide a health related service normally provided by Hartford Hospital? <i>For example, Flu clinic, breast exam, health screenings, etc...</i>	Yes	No
Your program or organization benefits local populations with unmet or underserved health needs?	Yes	No
Your organization addresses the root cause of health problems, for example, poverty, homelessness, or environmental problems?	Yes	No
Your event recognizes an organization for their contribution to the healthcare field or community building work?	Yes	No
You are looking for a donation in response to a natural disaster?	Yes	No
How much of this donation will be tax deductible?		\$

Submitting the Request	
Print this form and mail to:	Community Relations Hartford Hospital 80 Seymour Street Hartford CT, 06102

The department of Community Relations will review your request for sponsorship and you will be advised via mail or email of the status.