

# Community Sponsorship/Donation Request Form

Please complete this form **eight weeks prior** to your needs. All fields are required to be completed.

Organization Name: \_\_\_\_\_

Key Contact: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

If your organization is classified as a 501(c) (3) nonprofit please provide Federal Tax ID: \_\_\_\_\_

## Type of Donation Requested (Select all that apply.)

\_\_\_\_ Event sponsorship: Please provide details/attachments of all levels of sponsorship options.

- Is an Ad or logo required? \_\_\_\_\_
- If an ad is required, what sizes are available? \_\_\_\_\_
- To whom shall we submit the Ad or Logo? \_\_\_\_\_
  - Name: \_\_\_\_\_
  - Email address: \_\_\_\_\_
- What type of art file is needed? \_\_\_\_\_
- What is the deadline for submission of the Ad/logo? \_\_\_\_\_

\_\_\_\_ Team sponsorship

\_\_\_\_ Monetary request - Amount requested: \_\_\_\_\_

\_\_\_\_ Promotional items: please explain amount needed and purpose/use

\_\_\_\_ Other: If other, please describe:

\*Please note BHS logos are not permitted to be altered in any way. BHS requires proofing prior to any printing or publication of our logo to ensure brand standards are met. Email final art to:

[Anne.Lehman@butlerhealthsystem.org](mailto:Anne.Lehman@butlerhealthsystem.org)

**Purpose** (Please classify your program. Select all that apply.)

\_\_\_\_ Health and wellness

\_\_\_\_ Children, youth and education

\_\_\_\_ Community enhancement

\_\_\_\_ Other: If other, please describe:

**How will this donation support BHS mission,** “Butler Health System is privileged to be a healing presence in the communities we serve. We exist to make a positive difference in the lives of people by providing compassionate, high-quality care and comfort and inspiring health and wellbeing.”

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**How many people will benefit from BHS’s participation?** \_\_\_\_\_

**Have you ever received a donation from a Butler Health System entity?**

\*Please be advised that BHS will not donate to an organization more than one time in a calendar year.

\_\_\_\_ Yes:

- If yes, when and please describe, including the BHS entity that gave you the donation:

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- If yes, are any BHS employees actively involved in your organization?

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\_\_\_\_ No

Please submit the completed form by email to [BHSPublicRelations@butlerhealthsystem.org](mailto:BHSPublicRelations@butlerhealthsystem.org) or to one of the physical mailing addresses listed below.

**Butler Memorial Hospital**

BHS PR & Marketing Department  
1 Hospital Way  
Butler, PA 16001

**Clarion Hospital**

BHS PR & Marketing Department  
1 Hospital Drive  
Clarion, PA 16214