

# Community & Event Sponsorship Request Form



## Requestor Information

Organization Name:

Organization Address:

Primary Contact Name:

Position/Affiliation:

Phone Number:

Email:

## Sponsorship Request Information

Event/Project Name:

Event/Project Date:

Event/Project Description:

Type of Request:

Monetary Donation Amount:

Promotional Items:   Type:

Quantity:

Print Advertising:   Size:

Format:

Other:

Deadline for Decision:

***Please email completed request forms and supporting materials to:  
communitywellness@towerhealth.org***

***Decisions are based on consistency with Reading Hospital's Community Benefit Plan and funding availability.  
Due to the availability of funds, requests may be denied even if they fit the criteria.***

***External agencies and organizations requesting use of property must show proof of liability insurance.***

***If this request is approved, I understand that I may be asked to provide Reading Hospital with a follow-up report  
detailing how the contribution was used and how many people were impacted.***

***Submissions are received and evaluated on an ongoing basis and require a 60-day review period.***