

**Location:**  Parkview Huntington Hospital  
 Parkview Noble Hospital

Parkview LaGrange Hospital  
 Parkview Whitley Hospital

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount of Support Requested: \$ \_\_\_\_\_ Event Date (if applicable): \_\_\_\_\_

Date Funds Needed: \_\_\_\_\_

Do you have a Board Member or Volunteer from Parkview working on the event(s)?  Yes  No

If yes, please list name(s): \_\_\_\_\_

**Sponsorship Description and Purpose :** Please include the following: (include as separate page or pages)

- Event description including event date, time and location
- Purpose of the event and how the funds raised will be utilized
- Projected expenses and revenues of the event
- A description of benefits associated with the levels of sponsorship support
- A list of sponsoring organizations for this event if available or a list of sponsors from last year's event
- Other sponsorship opportunities with your organization

**Information Requirements:**

- IRS documentation of current tax exempt status
- List of Governing Body/Board with Affiliations including an explanation of board diversity
- Sample of event literature

**An organization may submit only one funding request per calendar year. Multiple sponsorship opportunities should be submitted in aggregate.**

The completed Sponsorship Form should be **submitted 60 days prior to the event** or date funds are needed and may be  
**1) Faxed to: 260-373-7976 2) Mailed to: Parkview Hospital, Community Health Improvement, 2200 Randallia Drive, Fort Wayne, IN 46805 3) Or hand delivered to: 2120 Carew St., Fort Wayne. Attention: Tai Felger.** For more information, refer to the Sponsorship Guidelines or contact Tai Felger at 260-373-7972 or tai.felger@parkview.com.

---

**FOR INTERNAL USE ONLY**

The undersigned has reviewed this request and recommends (please check):  Denial or  Approval

Authorizing Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ \$ Amount of Sponsorship Approved: \_\_\_\_\_

Please note any conditions or other comments regarding this sponsorship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---