

**THE BELLEVUE HOSPITAL
DONATION/SPONSORSHIP REQUEST FORM**

Thank you for inviting The Bellevue Hospital (TBH) to participate in your event. We are asking all organizations to complete a brief questionnaire for requesting financial support from TBH. If possible, please submit your request at least four months in advance for proper consideration.

Organization: _____

Dollar amount of request: _____

Is the requesting organization a non-profit? Yes No

Name of person making request: _____

Relationship to Organization: _____

How may we contact you? _____

Name and Date of Program _____

Location of Program: _____

Purpose of Program: _____

Number of people expected to participate: _____

According to TBH's Donation Guidelines, what area of impact does this event/program best represent? *(please circle)*

Health & Social Services Education Business, Economic, Community Development
Arts & Cultural Events

Please explain how this program/event will benefit our community:

What are the benefits for TBH participating? *(Please include any sponsorship materials with this request.)* _____

Are any employees of TBH involved in this program? _____

Please include any other information you would like considered on behalf of your request:

What is your deadline for hearing back from us on your request? _____

Thank you for your request.
