



Minden Medical Center Sponsorship Application

As an active member of the community, Minden Medical Center supports many organizations through monetary and in-kind donations annually. It is the policy of this hospital to contribute to activities, organizations and causes in our community that align with our mission of Making Communities Healthier.

The goal is to focus support on the following areas:

- Health and wellness organizations
- Children, youth and education organizations
- Community-based organizations including cultural and humanities
- Civic enhancement

In evaluation of sponsorship opportunities, priority will be given to organizations that are aligned with the areas listed above. Further priority will be given to organizations with involvement of Hospital employees as board members, advisory committee members, event chairs and/or active and engaged volunteers. Only organizations with 501(c)(3) status are eligible for funding.

The Hospital does not contribute to:

- Individuals or individual fundraising efforts
- Political campaigns/parties
- Groups that discriminate on the basis of age, religion, color, race, sex, sexual orientation, gender identity or national origin
- Activities that do not advance our public or Hospital purpose

Complete all information on this Sponsorship Application and submit **at least 10 weeks prior to event**. Please include any supporting documentation with your Sponsorship Application at time of submission. Sponsorship requests are reviewed on a monthly basis. Incomplete applications will not be considered.

Please return completed applications to:

Minden Medical Center
Marketing Department
#1 Medical Plaza
Minden, LA 71055

Or scan and email to megan.strecker@ahmgt.com.



Minden Medical Center Sponsorship Application

Name of Organization: _____

Contact Person: _____

Mailing Address:

Phone: _____ Email: _____

Tax Status: _____ Tax ID #: _____

Type of sponsorship requested: Monetary In-Kind

Amount you are requesting: \$ _____

Description of Event/Sponsorship *(Please include all relevant details or attach supporting documents):*

Have you received a monetary donation from this hospital in the past? Yes No

If so, how much and when? _____

OTHER DONATIONS

List your major contributors to this event/cause:

Are any other fundraisers planned (or have taken place this fiscal year)? Please list:



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PURPOSE

What percentage of the money you raise goes toward administrative costs? _____%

Please classify your program below:

- Health & Wellness Children, Youth & Education Culture & Humanities
 Civic Enhancement Other (please specify) _____

How many people will benefit *directly* from your efforts? _____

If this request is for a specific event, list the date(s), time(s) and location(s) of the event:

Are any MMC employees actively involved in your organization? Yes No

If yes, please list their names and functions within your organization:

What is the primary focus of your organization?

If other local organizations provide the similar services, indicate how your program is unique:

How exactly will the funds you are applying for be used? (List local projects or economic benefits. Be specific.)



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How will this project address local community needs?

How will you measure the success of your project?

I certify that the information above is correct and that the sponsorship, if approved, would be used solely as described above.

Name: _____

Signature: _____

Date: _____

<p>Internal Use Only <i>(Initial and Date)</i></p> <p>Date Received: _____ By: _____</p> <p>Recommendation: _____</p> <p>Approval: _____</p> <p>Organization Notified: _____ On (Date): _____</p> <p>Logo/Other Needs Sent: _____ On (Date): _____</p> <p>MMC Attendees (if applicable): _____</p> <p>_____</p> <p>Additional Notes: _____</p> <p>_____</p>
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