



Sponsorship Request Form

To request monetary or in-kind sponsorship or event participation, please complete this form and:

- Scan and email to: gronsdma@slhs.org **or**
- Mail to: St. Luke's Community Relations, 190 E. Bannock St., Boise, ID 83712

Please allow 60 days between the date of your request and the date of your event. Attach any additional information regarding your request. If you have questions, please call 381-2398.

Please note: Organizations that receive St. Luke's Community Health Improvement Fund (CHIF) grants are not eligible to apply for Sponsorships during the same calendar year.

Organization Name _____

Your 501(c) (3) tax identification number _____ (Please attach documentation if first-time request.)

Organization Address _____ City, State, Zip _____

Contact Person _____ Title _____

Phone _____ Email _____

Event Information: If your sponsorship request involves an event, please provide:

Event Name _____

Event Purpose _____

Location _____

Event Date _____ Deadline (for printing programs, ads, etc.) _____ Est. Attendance _____

What are you requesting from St. Luke's?

____ Event Sponsorship Amount: \$ _____
If varying sponsorship levels are available, please attach details.
Are you requesting St. Luke's participation? ____ Staff ____ Volunteer

____ Cash Donation Amount: \$ _____

____ In-Kind Contribution Items/Services Requested _____
Quantity _____

____ Table Purchase at Event Cost per Table: \$ _____ Seats per Table: _____

How will this sponsorship be acknowledged (website, social media, newsletters, flyers/posters, etc.)?

Signature (Handwritten) _____ Date _____