



PHF Office Use Only  
Sponsorship No. \_\_\_\_\_

## REQUEST FOR SPONSORSHIP APPLICATION (*\$200 maximum*)

### ORGANIZATION INFORMATION

*PHF is unable to provide funding for individual or family fundraisers.*

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

Organization Website: \_\_\_\_\_

Organization Type:  Non-Profit  School  Government  Other: \_\_\_\_\_

Address: \_\_\_\_\_

*Street City State Zip*

Contact: \_\_\_\_\_

*Name E-mail Telephone*

### EVENT INFORMATION

Date(s): \_\_\_\_\_ Event Name: \_\_\_\_\_

County Served:  Baraga  Houghton  Keweenaw  Ontonagon

Funding Category:

Access to Care  Community Health  Health Education

Health Research  Healthcare Leaders  Other: \_\_\_\_\_

Number of Persons Served: \_\_\_\_\_ Is this an existing event?  Yes  No

### EVENT PURPOSE

Objective/Purpose of Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe how the event connects to PHF's mission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REQUEST INFORMATION

Date Donation Needed: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Will PHF receive anything in exchange for this sponsorship?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Will PHF's logo be used on any event material?  Yes  No

Format:  .ai  .esp  .gif  .jpg  .pdf  .tiff  Other: \_\_\_\_\_

Logo Sent To: \_\_\_\_\_ Logo Deadline: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT PHF?

Website  Radio  TV  Newspaper  Mail  E-mail  Word of Mouth  Social Media

Would you like to receive PHF e-mails?  No  Yes, e-mail: \_\_\_\_\_

**APPLICATION SUBMISSION**

All requests must be submitted on the Request for Sponsorship Application form at least one month in advance of when funds are needed. PHF will not consider incomplete applications. Return completed applications to:

Portage Health Foundation  
400 Quincy St., PO Box 299  
Hancock, MI 49930

P: 906.523.5920  
F: 906.523.5925  
E: info@phfgive.org (as a .PDF)

*Submission of an application is not an implied guarantee of funding.*

**PHF RECOGNITION**

All awardees are required to recognize PHF as a funding provider on all printed materials and publicity for the event.

**DO NOT COMPLETE - PHF USE ONLY**

Approved:  No  Yes

Approved by: \_\_\_\_\_

Check Date Issued: \_\_\_\_\_

Check #: \_\_\_\_\_