



SMG Sponsorship Application

Updated: September 26, 2018

Organization Name

Address

Street Address

Street Address Line 2

City _____ State / Province _____

Postal / Zip Code

Contact Information

First Name _____ Last Name _____

Phone Number

Area Code _____ Phone Number _____

Email

example@example.com

Website

Federal Tax ID

Which service category best describes your organization?

- Promoting Health & Wellness
- Encouraging Active Lifestyles

Is your organization a non-profit or public tax-exempt organization as defined under Section 501(c)(3) of the Internal Revenue Code?

- Yes
- No

Please provide a brief summary of your organization's mission:

Who do you serve?

How many years have you been in service?

Are you applying for a sponsorship or donation?

Sponsorship

Donation

Amount/Details

Please specify amount for donation/sponsorship or details for your request.

Describe how your event/donation complements Summit Medical Group's key service line(s)?

How will Summit Medical Group's contribution be used?

What can we expect in return for our support?

What is your projected audience/attendance?

What other information should we know when reviewing your application?

Disclaimer: Any proposal attached below is not an alternative or substitute to completing the above form. Incomplete applications will not be considered for sponsorship or donation.

Electronic Signature

Enter your initials below to verify that the information provided is accurate and honest to the best of your knowledge.
