

Sponsorship Form



Teton Valley Health
Giving

Organization or Group Name:

Type of Organization:

Contact Person:

Phone:

Email:

Mailing Address

Street Address

Address Line 2

City State/Province/Region

ZIP/Postal Code Country

Briefly describe the entity requesting sponsorship:

Briefly describe the event for which you are requesting sponsorship, including venue, dates, who attends, number of attendees, etc. And how does this support our mission to encourage and support a healthier community?

What level of sponsorship are you requesting? Describe any in-kind sponsorship needs:

What promotion opportunities would Teton Valley Health receive as a sponsor?

Is there an opportunity for Teton Valley Health to have an in-person presence at the event (booth, announcement, etc.)?

What logo size and file types do you require of your sponsors?

Date by which you need a response

We require a report on how sponsorship funds were spent within 6 months. Will your organization be able to provide this?

YES

NO

Please submit your completed form to mkennah@tvhcare.org or fax to 208.354.3158 If you have any questions please contact our marketing team at 208.354.6325 ext. 105