



SPONSORSHIP REQUEST FORM

This form must be submitted at least 60 days prior to the event or start date of the term of sponsorship.
The GCHF sponsors events and/or organizations that improve health and help the GCHF fulfill its mission.

Organization/Group Requesting Sponsorship: _____

Contact Name: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Which sponsorship category does this fall under?

We currently do not sponsor individuals, religious or political groups/gathering.

Event Sponsorship: List name of event _____

Team Sponsorship: List team name _____

Other: Explain _____

Date of Event or Term of Sponsorship: _____

Financial Commitment Requested: \$ _____

Make Check Payable To: _____

Signature of Requesting Organization

Date

By signing above, you acknowledge that the information on this form is accurate. Any financial commitment made by the Grayson County Healthcare Foundation in response to this request must be used for the purposes listed above by the requesting organization. It is recommended that the official GCHF logo be used on any sponsorship materials.