**This form must be completed at least 60 days prior to the due date of funds requested for the associated sponsorship, contribution and/or community event. If the form is not completed in its entirety, we will be unable to review and approve the request. \*Please include any additional paperwork and information (sponsorship levels, ad dimensions, pricing etc.) with your request.**

|  |
| --- |
| **General Information**  |
| Organization/Business/Person(s) requesting sponsorship |  |
| Name of Sponsorship, Contribution and/or Community Event |  |
| Location of Sponsorship, Contribution and/or Community Event |  |
| Closest MedExpress Location? |  |
| Date of Sponsorship, Contribution and/or Community Event |  |
| Requested Amount and Deadline for Receipt of Funds |  |

|  |
| --- |
| **Contact Information of Requestor** |
| Name |  |
| Phone |  |
| Email |  |

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| --- |
| **Brief description of sponsorship, contribution and/or event:** |
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| **Describe the impact the event, activity or organization for which you are requesting support has on the local community. Include a description of the audience served and the need you are fulfilling within the community, individuals served, services provided and recent successes, outcomes. Please include exact numbers, statistics when possible.** |
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| **Creative Information**  |
| Logo* Black and White or Color
* Format needed (JPEG, EPS, etc.)
* Deadline
 |  |
| Program Ad* Black and White or Color
* Format needed (JPEG, EPS, etc.)
* Ad Dimensions
* Deadline
 |  |

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| --- |
| **Events**  |
| * Insurance needed to attend?
 |  |
| * Will table and chairs be provided?
 |  |

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| --- |
| **Social Media**  |
| * Facebook Page
 |  |
| * Facebook Event Link
 |  |
| * Twitter Handle
 |  |
| * Hashtag
 |  |

In order to ensure your request is reviewed in a timely manner, please ensure the following documents have been completed and submitted along with this form (all of which can be downloaded from medexpress.com/CommunityConnections.aspx):

* W9 Form
* Vendor Form