Sponsorship & Charitable Donations Request Form

Note: All requests must be submitted on this form to the Marketing and Communications Department at least four weeks prior to date needed. Please fill out this form completely. This is required in order for request to be processed. Additionally, all requests must have supporting documentation attached with information on the event, purpose, sponsorship levels, etc. All internal requests must align with the VAM and be noted on the form below.

Mail To: Forrest General Marketing and Communications ~ P.O. Box 16389 ~ Hattiesburg, MS 39404     Fax To: 601-288-1307
Deliver in person to: Forrest General Marketing and Communications ~ 125 South 28th Avenue, Hattiesburg
For more information, call 601-288-1300.

Organization:

Type of Organization:
☐ Individual    ☐ Religious    ☐ Civic    ☐ School    ☐ Sports-related request    ☐ Non-profit

Address:

City: ___________________________ State: __________ Zip: __________

Phone: (__________) E-mail: __________________

Fax: (__________)    

Federal Tax ID number (or Social Security Number, if individual):
The Federal Tax ID number or SSN is needed if a monetary donation is requested, so that the organization or individual may be entered into the FGH vendor system and a check issued.

Contact Person: __________________________

Phone: (__________) E-mail: __________________

Event:

Information on the event or request must be attached in order to be processed.

Description:

Event Founded in: ___________________________ Donation to benefit whom: ___________________________

Date: ___________ Time: ___________ Location: ___________

Estimated attendance: ___________ Last year’s attendance: ___________ Primary age group of attendees: ___________

Other demographics:

Type of donation requested:
☐ Door Prize    ☐ Cash Donation    ☐ Ad Sponsorship    ☐ Sporting event sponsorship    ☐ In-kind donation
☐ Other: ___________________________

Describe in detail the benefit to Forrest General for participating (VAM alignment - internal requests only):

______________________________

Include sponsorship/donation levels of participation:

______________________________

Contact person will be notified as to whether or not the sponsorship is approved and at what level.

______________________________

Office Use Only

Date Received: ___________________________ Approved: ___________________________ Declined: ___________________________

Reason: ___________________________

Level of Participation:
☐ Check requested    ☐ Door Prize Given    ☐ Ad Submitted    ☐ Other: ___________________________

Contact Person Notified: ___________________________ (By): ___________________________

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