



## 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: (    ) \_\_\_\_\_ 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:(Date) \_\_\_\_\_ (By): \_\_\_\_\_