

# COMMUNITY EVENT/PROJECT SPONSORSHIP REQUEST FORM



Name:	Phone:	Email:	
Address:	City:	State:	Zip:

## ORGANIZATION INFORMATION

Organization:	Tax ID Number:
Purpose/Mission of Organization:	

## SPONSORSHIP INFORMATION

Amount Requested:	Response Deadline:
If available, please list the sponsorship levels and associated benefits:	
Are any other sponsors already committed?	

## EVENT INFORMATION, IF APPLICABLE

Event Name:	Event Date:
Event Location:	Projected Attendance:
Nature of Event:	
Who will be served by this event, and how does it support children's health and well-being?	

I have read and understand Metropolitan Pediatrics' Sponsorship Guidelines, Policy, and Approval Process.

Signature

Date