

## Sponsorship Guidelines

Pardee UNC Health Care is very involved with the community through speaking engagements, health fairs, health prevention and awareness events, and sponsorships. Pardee serves the communities of Henderson, Buncombe, Polk, Transylvania, Haywood, and Rutherford counties.

To determine the best fit for sponsorship, Pardee uses the following guidelines:

- Does the requesting charity or organization align with the mission of Pardee UNC Health Care?
- Does the requesting charity or organization have a health-focused program, service or event that achieves measurable goals and outcomes?
- What aspects of health and wellness will the event promote?
- How will having a health care organization present at and/or sponsoring this event benefit the attendees?

Each applicant must complete the sponsorship application *in its entirety* in order to be considered. All applications must be submitted preferably 90 days prior, but no less than 60 days prior to the event. Any materials on the specific group, program or event must be sent with the application.

## Request

*Sponsorships are at the discretion of the sponsorship committee. We reserve the right to determine whether a request meets the eligibility requirements.*

Does your sponsorship request meet our guidelines?     YES     NO

If yes, please explain how your sponsorship request meets our guidelines:

## Sponsorship and Community Outreach

*\*required fields*

Date of Application*		Date Response is Needed*	
Name or Organization*		Name of Event*	
Event Date*	Address/Location of Event*		
City*	State*	Zip Code*	

Target Audience*		Expected Number of Attendees*	
Purpose and Goal of Event*			
Contact Name*		Title*	
Address*			
City*		State*	Zip Code*
Email*		Phone Number*	

### Sponsorship Request Information

Type of Request (PLEASE SELECT)*		
<input type="checkbox"/> <b>Sponsorship</b>	Requested \$ Amount:	
<input type="checkbox"/> <b>Promotional Items</b>	Quantity Needed:	
<input type="checkbox"/> <b>Physician Guest Speaker</b>	Topic:	
<input type="checkbox"/> <b>In-Kind Services</b> ( <i>i.e., athletic training services, first aid coverage, medical services</i> ) Please provide details of in-kind request, including # of hours needed on-site:		
Additional Details		
Has Pardee sponsored your organization in the past?	If yes, what year?	If yes, how much?
Please give a brief description of your organization.*		
Is your organization a 501 c3?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please explain how the sponsorship/promotional items will be used, and how it will benefit people in our community.

Will Pardee UNC Health Care be recognized for the sponsorship?  YES  NO

If yes, please explain how (invitations, programs, ads, etc.)

*Please attach any additional reference materials/packets to this sponsorship request.*