

Thank you for inviting Summa Health System to participate in sponsorship of your philanthropic event. All organizations must complete a brief questionnaire when requesting financial support from Summa Health System. We ask that your request be submitted at least 60 days in advance for proper consideration. Those not providing 60 days for consideration may limit their opportunity for support.

General Information Organization _____ Address _____ City _____ Phone Website Email Person making request Relationship to Summa Health System __ **Client Information** Is the requesting organization a not-for-profit organization? Yes No Is the requesting organization a client of SummaCare? Yes No If "yes," what relationship(s) do you have with SummaCare? 1. ______ Are any employees or associates of Summa Health System involved in the effort? (Please list board members, committee members, etc. In the case of a committee member, please identify the role of our employee or associate in your effort.)

Objectives
Name of event
Date(s) the event/program is to take place
Amount of request
How would the funds be used?
How often does the event/program take place?
According to Summa's four community focus areas, please check which area(s) this request best represents:
Health and Wellness Economic Development Education/Workforce Development Social Services
What are the benefits to Summa for supporting? (Please attach any sponsorship materials with this request).
Please include any other information you would like considered on behalf of your request.
What is your deadline for hearing back from us on your request?
Thank you for your request. You will be notified regarding a decision.
Please return completed form to:
Angela Smith, MPA, CAVS System Director, Volunteer Services Summa Health System Phone: (234) 312-5263 Fax: (234) 312-6548 Internal: 25263

For questions and/or comments, please contact Angela Smith at (234) 312-5263.

smithang@summahealth.org