MAYO CLINIC HEALTH SYSTEM

Charitable and Sponsorship Request

Two Ways to Complete & Submit:
1. Save PDF to your desktop. Type in fillable fields. When complete, resave and attach PDF to email.
2. Print PDF, fill out by hand and mail.

Instructions: Complete form and return with required attachments using the return options below. Requests will be reviewed monthly.

Date *(Month DD, YYYY)*	Organization	501(c)(3) (*non profit*) ☒ Yes ☐ No
Street Address		
City	State	ZIP Code
Phone Number	Email	
Taxpayer Identification Number *(attach copy)*	If not a 501 (c)(3), provide your fiscal agent number *(attach your or fiscal agent's W-9)*	

☐ **Charitable Donation Request** ☐ **Event or Sponsorship Request**

Amount Requested	Total Amount of Project/Sponsorship Level
Activity's Budget Plan (attach copy, if applicable). Briefly describe how contribution will be used and benefit the community.	
How many people will participate or be served by this program or event?	

How will sponsorship align with the following priority areas? Check all that apply and provide brief description.

☐ Access to Care ☐ Chronic Disease Prevention ☐ Enhance Community Health ☐ Obesity
☐ Advance Medical Knowledge ☐ Documented Community Need ☐ Mental Health ☐ Other _____

Description:

List other funding sources contributing to this service/program/event:	
What is the community impact if this service/program/event was *not* provided?	
How will you recognize Mayo Clinic Health System for this contribution?	

Requestor Information

Name	Address
Phone	Email

RETURN

by MAIL Mayo Clinic Health System
ATTN: Public Affairs
1400 Bellinger St
Eau Claire, WI 54703

by EMAIL Save completed PDF to your desktop and attach to an email, *along with required attachments,* to EUCOMMUNITYGIVING@mayo.edu.

PUBLIC AFFAIRS OFFICE USE ONLY

Date *(Month DD, YYYY)*	Sponsorship Amount	CO/PAU	Approved By

MCHS41942

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