

Instructions: Complete this form by typing in fillable fields and saving PDF to your desktop. When complete, resave and submit the PDF along with your W9 to EUCOMMUNITYGIVING@mayo.edu

Date (mm-dd-yyyy)	Organization	501(c)(3) (non-profit) <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (Street, City, State, ZIP Code)		
Contact Name (First, Last)	Phone	
Email		
Taxpayer Identification Number (attach copy)	If not a 501(c)(3), provide your fiscal agent number (attach the fiscal agent's W9).	

Program/Event Information

Program/Event Name	Program/Event Date (request must be submitted at least 60 days in advance)
Amount Requested	How many people will participate or be served by this program/event?
Briefly describe how contribution will be used to benefit the community.	
<p>How will the sponsorship directly impact the following priority areas? Check all that apply and provide a brief description.</p> <input type="checkbox"/> Alcohol and Drug Addiction Prevention <input type="checkbox"/> Diversity <input type="checkbox"/> Mental Health and Wellbeing <input type="checkbox"/> Chronic Disease and/or Obesity Prevention <input type="checkbox"/> Documented Community Need <input type="checkbox"/> Other _____	
Description:	
List other funding sources contributing to this service/program/event.	

Recognition

How will you recognize Mayo Clinic Health System for this contribution? Attach event or additional details about sponsorship levels, as available.	
Return by email	Submit completed form, W9, and other attachments to EUCOMMUNITYGIVING@mayo.edu