



**OWENS HEALTHCARE
DONATION/SPONSORSHIP
REQUEST FORM**

Today's Date:

Deadline Date:

Employee Requesting:

Organization and Event Name:

Event Contact Person:

Amount Requested:

Check Payable to:

Name:

Address:

State:

Attention:

City:

Zip Code:

Please briefly explain the purpose/benefit for funding this donation/sponsorship request: _____

- In order to be considered, this form must be completed in its entirety and be received a minimum of **30 days prior to the deadline date**. No exceptions.
- Be sure to attach any supporting documentation (flyers, etc...) that describe the event or fundraising effort.
- Because of the large amount of donations requests that we receive, it is impossible to fulfill all requests. Not all requests will be funded.
- All requests must be submitted via email at donations@owenshealthcare.com. Requests submitted via phone, fax, etc...will not be accepted.

THANK YOU!