

EVENT SPONSORSHIP CONTRIBUTION REQUEST GUIDELINES & APPLICATION FY 2011

At St. John's we are committed to supporting charitable organizations and activities consistent with our mission to improve the health and quality of life of the communities we serve. In so doing, we allocate resources to support the special events and programs of these organizations.

In order to plan for the many event sponsorship requests we receive throughout the year and to help streamline the process, we are asking all requests be made in writing and sent to Lisa Farmer in the Marketing & Customer Service department by February 15, 2010. This includes sponsorship requests to St. John's Hospital, St. John's Clinic, or St. John's Health System. The marketing department will review all submitted applications, initiate the selection and approval process, and follow-up with the requesting organizations.

This form does not pertain to requests made to St. John's Foundation for Community Health. If you are seeking funds for specific community programs, please call 417-820-6111 or go to www.stjohns.com/foundation for more information.

St. John's will consider sponsorship opportunities for non-profit organizations that meet the following criteria:

- The requester must be a not-for-profit, tax exempt organization.
- The requesting organization must be located within St. John's service area.
- The organization's sponsorship opportunity must be consistent with St. John's mission and core values and aimed at improving the health status of the community.
- The activities and projects associated with the sponsorship must support St. John's commitment to community outreach.
- St. John's does not make contributions to individuals, political parties, or political organizations.

DEADLINE FOR REQUESTS

Donation request letters for the 2011 Fiscal Year (July 1, 2010 – June 30, 2011) must be submitted **no later than February 15, 2010.**

Contribution requests received by February 15, 2010 will receive priority during the 2011 Fiscal Year. Requests received after this date will be considered based on the availability of funds.

REQUIRED DOCUMENTS

Sponsorship requests must be in writing and include a completed charitable contribution request form along with a brief letter indicating how the contribution will be used and how the project relates to St. John's mission and core values.

EVENT SPONSORSHIP CONTRIBUTION REQUEST FORM,

FISCAL YEAR 2011 (July 1, 2010 – June 30, 2011) (Please print or type)

Organization Information

Name of Organization: _____ Year Founded: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Organization Leader: _____ Title: _____

Phone: _____

Sponsorship Contact: _____ Title: _____

Phone: _____

Nature of services provided by organization: _____

Geographic areas served: _____

Sponsorship Event/Project Information

Name of Event/Project: _____

Date of Event/Project: _____ Location of Event/Project: _____

Event/Project's Target Audience: _____

TYPE OF SPONSORSHIP REQUEST:

Ad In-Kind Donation Labor/Volunteer Hours Event Sponsorship

Other (Describe) _____

Requested Amount (dollars/hours): _____ Date Funds/Services Required: _____

Brief Description of Request: _____

- continued on reverse side -

Please describe other sources of support for this event/project that you have already received or are pursuing:

Event Sponsorship Request Letter

Please attach an “Event Sponsorship Request Letter” that describes:

1. How your event/project relates to St. John’s mission and core values, as stated below:

Rooted in the mission of Jesus and the healing ministry of the church, St. John’s mission is to provide high quality, compassionate health care services in a personalized Christian environment.

THE FIVE CORE VALUES THAT GUIDE ST. JOHN’S DECISIONS AND ACTIONS:

- **Dignity:** Accepting of all persons as created in the image of God.
- **Justice:** Honoring each person’s rights and responsibilities in light of the common good.
- **Service:** Responding with compassion to the needs of others.
- **Excellence:** Striving to attain high standards of performance and proficiency.
- **Stewardship:** Using our talents and resources wisely. As we strive to meet the needs of the Ozarks area, we stand ready to serve others as their needs dictate and our capabilities allow.

2. How will the contribution be used? And how will you determine whether your event/project accomplished its goal?
3. Any additional information you would like to provide regarding this sponsorship opportunity.

Date Submitted

Authorizing Signature

Your request should include the following: Completed and signed 2011 Event Sponsorship Contribution Request form, sponsorship request letter, a copy of your organization’s tax-exempt status, and any additional materials regarding the event/project sponsorship opportunity.

Please send these materials to Lisa Farmer, Marketing & Customer Service, St. John’s Health System, 1235 E. Cherokee, Springfield, MO 65804.

For funding through St. John’s Foundation for Community Health, please call 417-820-6111 or go to www.stjohns.com/foundation for more information.

You will be notified in writing, regarding your request by August 15, 2010.

Marketing Department Use Only

Date Received: _____

Budgeted: Yes No Budgeted Amount: _____ Amount Approved: _____

Approved by: _____ Date: _____

Check Request Completed by: _____ Date: _____