



DONATION / SPONSORSHIP REQUEST FORM

Person/Organization Requesting Donation or Sponsorship

Name:	Date:
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Address (If monetary donation is approved, check will be mailed to this address):

Phone:	Email:
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Is this a tax-exempt organization and/or activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	501(c)(3) #
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Donation / Sponsorship Request

Dollar Amount:	Services:	Promo Items / Products:

Details

Is this a one-time request? Who and how many local individuals will benefit? Is this request consistent with the vision, mission and guiding principles of Uintah Basin Healthcare? Please include any information you feel is pertinent to your request.

Did Uintah Basin Healthcare contribute to this cause in the past? Yes No
If so, when and in what way?

Will Uintah Basin Healthcare be recognized for its contribution? Yes No
If so, how? (Do you need a banner or script from us?)

FOR OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.

Amount, Service or Items Approved:

Approved By:	Date Approved:
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**Please complete and return this form to: Marketing Director, Uintah Basin Healthcare
250 W 300 N (75-2) Roosevelt, UT 84066 | email: maigen_zobell@ubh.org | phone: (435) 725-2036**

Our Vision - Uintah Basin Healthcare will be a standard of excellence and cooperation in assisting the people of the Uintah Basin in becoming the healthiest people in Utah.
Our Mission - Health & Healing... Every Person, Every Time
Guiding Principles - Professionalism, Personal care, People (Our Greatest Asset), Comprehensive Healthcare, Community Involvement, Leadership & Health Promotion