



As a not-for-profit community health system, Fisher-Titus supports community projects that align with the mission, vision, strategic plans and community benefit objectives of Fisher-Titus the and that will enhance the health and quality of life of persons in our service area.

**Please choose one category that best fits your request:**

- Improve access to health care services to underserved
- Enhance community health (fitness, exercise, healthy food, education, prevention)

Today's Date: \_\_\_\_\_ Requesting Organization: \_\_\_\_\_

501 (C)(3) non-profit organization \_\_\_ Yes \_\_\_ No Tax ID #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Event/Program/Project: \_\_\_\_\_

How will the community benefit from this event/sponsorship: \_\_\_\_\_

Goal of Event/Program/Project: \_\_\_\_\_

Number of People to be Served: \_\_\_\_\_ What is the target audience: \_\_\_\_\_

Date and Location of Event/Program/Project: \_\_\_\_\_

Will Fisher-Titus be recognized for this sponsorship or program support? \_\_\_\_\_

This could include the Fisher-Titus logo printing on promotional materials, signs or banners, etc.

What are you requesting?

- Monetary Donation in the Amount of \$\_\_\_\_\_
- Door Prize/Auction Item/Goodie Bag Item
- Food Donation
- Advertising
- Other, explain: \_\_\_\_\_

Has your organization had more than one sponsorship request over the past 12 months?

- Yes
- No

Please attach any additional documents you would like to included. **Questions? Contact the Marketing & Public Relations Department at 419-660-2545.**

## Review and Approval

**Please submit this Request form at least TWO MONTHS before your event.**

Mail the completed form and any supporting documents to:

Fisher-Titus  
Marketing & Public Relations Department  
272 Benedict Avenue  
Norwalk, OH 44857

You will receive a response from the Fisher-Titus Community Benefit Committee approximately 30 days after receiving your request.