

# Sponsorship form

## The Employee Community Foundation, Optum Washington

Name of organization \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Contact name \_\_\_\_\_ Phone \_\_\_\_\_

Contact email \_\_\_\_\_ Fax \_\_\_\_\_

Name of event \_\_\_\_\_ Date of event \_\_\_\_\_

Place of event \_\_\_\_\_ Expected attendance \_\_\_\_\_

How many years has this event existed? \_\_\_\_\_

Purpose of event (fundraiser, community health, wellness event, etc.) \_\_\_\_\_

Type of support needed \_\_\_\_\_ Financial \_\_\_\_\_

Employee involvement \_\_\_\_\_ Other (please explain) \_\_\_\_\_

Sponsorship amount asked for \_\_\_\_\_ Deadline for support \_\_\_\_\_

Can there be health care exclusivity with this sponsorship? ☐ Yes ☐ No

Please attach the following materials with this form:

- Cover letter
- Event description and levels of sponsorship
- Sponsorship commitment form for us to fill out

If you have any questions, please email [philanthropy@everettclinic.com](mailto:philanthropy@everettclinic.com) or call **1-425-304-1140, TTY 711.**

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