



Sponsorship Request Form

Legal Name of Organization:

DBA (if applicable):

Mailing Address (and Physical Address if it is different and not confidential):

Phone:

Fax:

EIN:

Website:

Organization Email Address:

Contact Name:

Phone:

Email:

Event Information

Name of the Event:

Date and Location:

How many years has the event been in existence?:

Purpose/Summary of Event/Program:



How do you plan on using sponsorship funds?:

What sponsor benefits will OMH receive?

How does this program/event promote health and wellness in Onslow County?

Sponsorship Request Information

\$

(Requests should be submitted two months prior to the event and not exceed \$2,000)

Please send the application and any supporting documentation via email to

Amy Cain Sousa, Vice President Public Relations/Marketing

Onslow Memorial Hospital

Jacksonville, NC 28546

Email: Amy.Sousa@onslow.org