



## Sponsorship Application

Name of Organization

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Contact Person

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Mailing Address

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City, State and Zip

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Email

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Phone

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Tax Status \_\_\_\_\_ EIN or Tax ID # \_\_\_\_\_

Type of Sponsorship      On-Going Program      Special Event

Are there sponsorship levels? Please list

If this is a special event, when and where will the event be held? Is there a fee to attend? If so, please list the costs of attendance.

Amount Requested

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How will the West End Health Foundation be recognized for this sponsorship?

How will the sponsorship be used? How will it benefit the West End Community?

How many people will benefit from this sponsorship?

Who else is contributing to this event?

What is the mission of your organization?

What is the focus of your organization and what services does your organization offer?

How will this sponsorship address health and wellness for the residents of Marquette County's West End?

How will you evaluate and measure the success of this project?

Please send this application to the West End Health Foundation at least 90 days prior to the event. Applications should be mailed to

Pam Christensen  
Foundation Manager  
West End Health Foundation  
P.O. Box 211  
Ishpeming, MI 49849