



Submission Instructions

Please email the completed form and attachments to christina.rowley@aspirerhs.org. All sponsorship requests will be reviewed on the third Wednesday of each month.

All sponsorship requests must be submitted at least 6 weeks in advance of the event date.

1. Organization name: _____
2. Primary contact name: _____
3. Email address: _____
4. Phone number: _____

Event Details

5. Event name: _____
6. Event date(s): _____
7. Event location (city, venue, virtual, etc.): _____
8. Event description and purpose: _____

Sponsorship Request Details

9. Type of sponsorship requested (financial, in-kind, promotional, other):

10. Requested sponsorship amount or estimated value: _____

Sponsorship Benefits

11. What recognition or benefits will the sponsor receive? (e.g., logo placement, booth/table, social media mentions)

Timeline & Approvals

12. Deadline for sponsorship. **To be considered, sponsorships must be submitted 6 weeks in advance.* _____
13. Has this sponsorship been requested from Aspire Rural Health System before?
If yes, please provide the amount: _____

Check should be made out to: _____

Address to send check to: _____