



## Community Sponsorship Request Form

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

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

e-mail \_\_\_\_\_

Activity or Event \_\_\_\_\_

Mission of Organization \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Statement of use (i.e., supplies, space, personnel, in-kind donation)

\_\_\_\_\_  
\_\_\_\_\_

Requests will be considered based on what resources are available at the time of the request and whether the request meets the hospital's goal of helping develop the health and wellness, safety and community relationships.

Those excluded from consideration are groups with little impact on Logan County; political groups or candidates; religious groups or special interest groups espousing a religious or other message not in line with Logan Medical Center's mission.

Return this form to:

Logan Medical Center  
Public Relations & Mktg.  
P. O. Box 1017  
Guthrie, OK 73044

Or fax: 282-6790 – Attention: Cathie Cordis

*For questions regarding your request, contact Cathie Cordis, 260-4170.*