



## Lakeview Cares Sponsorship/Donation Request Form

Please complete and return this request form, along with a cover letter on your organization's official letterhead, and include a copy of your 501c3 certification, if applicable. Any information regarding your program, event, or organization may also be included. This request form should be submitted at least eight weeks prior to your event. Please allow at least four weeks for a response.

The submission of this request form does not obligate Lakeview Regional Medical Center or Lakeview Auxiliary in any way or manner.

### Organizational Information

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

Federal Tax ID# \_\_\_\_\_ 501c3 nonprofit? \_\_\_yes \_\_\_no

Contact Name & Title \_\_\_\_\_

Organization Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Text ok? \_\_\_yes \_\_\_no

Please describe the purpose of your organization and its primary beneficiaries.

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

### Program/Event Information

Program/Event Name \_\_\_\_\_

Event Date \_\_\_\_\_ Estimated Number of Attendees \_\_\_\_\_

Cities/Parishes Served \_\_\_\_\_

Event Coordinator/On-Site Contact \_\_\_\_\_

Event Location & Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



## Lakeview Cares Sponsorship/Donation Request Form

### Program/Event Information

Event E-mail Address (if applicable/different from above) \_\_\_\_\_

Event Phone Number (if applicable/different from above) \_\_\_\_\_

Event Fax Number (if applicable/different from above) \_\_\_\_\_

Please describe the nature and purpose of your program or event.

---

---

### Request Information

What would you like Lakeview to donate? Please be specific.

---

---

Has Lakeview donated to your organization/event in the past? \_\_\_\_yes \_\_\_\_ no

If yes, please specify the program/event, type and amount of sponsorship/donation, and date.

---

---

Has Lakeview already made a contribution to your organization/event this year? \_\_\_\_yes \_\_\_\_ no

If yes, please specify the event, type and amount of sponsorship/donation, and date.

---

---

How will Lakeview be recognized as a sponsor for your organization/event?

---

---

Does sponsorship include a program advertisement? \_\_\_\_yes \_\_\_\_ no

If yes, when is program advertisement due?

---

---

**Please return this request form, cover letter,  
and a copy of your 501c3 certification (if applicable) to:**

**[lvrmdonationrequest@hcahealthcare.com](mailto:lvrmdonationrequest@hcahealthcare.com)**