

Winona Health Foundation

COMMUNITY SPONSORSHIP APPLICATION

Date: _____ / _____ / _____

Name of Organization: _____

Contact Person: _____

Are you a 501C3 tax-exempt organization? Yes No

Address: _____

Preferred Phone: _____

Preferred Email: _____

Your organization's Mission Statement:

Program/sponsorship requesting funds for:

Date of Event: _____ / _____ / _____ Amount requested: \$ _____

Community Program Description:

What does your program/project serve?

What other sources fund this project? Please describe.

What identified community need does your program/project address?

List any other information you feel may be helpful. _____

Please attach any materials you feel may help us better understand your program/sponsorship request.