



**DONATION / SPONSORSHIP REQUEST FORM**

**Person/Organization Requesting Donation or Sponsorship**

Name:	Date:
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Address (If monetary donation is approved, check will be mailed to this address):

Phone:	Email:
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Is this a tax-exempt organization and/or activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	501(c)(3) #
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**Donation / Sponsorship Request**

Dollar Amount:	Services:	Promo Items / Products:

**Details**

*Is this a one-time request? Who and how many local individuals will benefit? Is this request consistent with the vision, mission and guiding principles of Uintah Basin Healthcare? Please include any information you feel is pertinent to your request.*

Did Uintah Basin Healthcare contribute to this cause in the past?  Yes  No  
If so, when and in what way?

Will Uintah Basin Healthcare be recognized for its contribution?  Yes  No  
If so, how? (Do you need a banner or script from us?)

**FOR OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.**

Amount, Service or Items Approved:

Approved By:	Date Approved:
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**Please complete and return this form to: Marketing Manager, Uintah Basin Healthcare  
250 W 300 N (75-2) Roosevelt, UT 84066 | email: kyson\_snow@ubh.org | phone: (435) 725-2071**

**Our Vision** - Uintah Basin Healthcare will be a standard of excellence and cooperation in assisting the people of the Uintah Basin in becoming the healthiest people in Utah.  
**Our Mission** - Health & Healing... Every Person, Every Time  
**Guiding Principles** - Professionalism, Personal care, People (Our Greatest Asset), Comprehensive Healthcare, Community Involvement, Leadership & Health Promotion