

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 resources available at the time of the request and whether the request meets the hospital's goal of helping develop health and wellness, safety and community relationships.

Those excluded from consideration are groups with little impact on Vernon, Bates, Barton, Bourbon, Cedar or St. Clair Counties; political groups or candidates; religious groups or special interest groups espousing a religious or other message not in line with Nevada Regional Medical Center's mission.

Return this form to:

Nevada Regional Medical Center
Community Relations
800 S. Ash
Nevada, MO 64772

Or fax: 448-3691 – Attention: Aimee Meyer