

# HOUSTON HEALTHCARE

1601 Watson Boulevard  
Warner Robins, Georgia 31093

## Corporate Donations and Sponsorships Guidelines

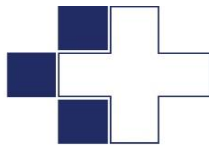
Houston Healthcare, located in Warner Robins, Georgia, receives numerous requests for donations and sponsorships each year. We are pleased to partner with and support community-based organizations that align with and enhance our mission, which is: *“to improve the healthcare of the communities we serve by providing patient-focused, high-quality and cost effective services while promoting health and wellness.”*

In addition to supporting our communities through contributions, Houston Healthcare invests over \$18 million annually in charity and indigent care, ensuring access to healthcare for those who might otherwise go without.

**The following criteria will be used to evaluate requests for financial or organizational support** (*Please read carefully prior to submitting the Corporate Donations and Sponsorship Request Form*):

- Donations or sponsorships will be considered to support charities and organizations that align with the mission of our organization.
- The group, program or event should reflect positively on Houston Healthcare.
- The group, program or event must offer appropriate visibility and value-added opportunities for Houston Healthcare, such as the logo placement, banners, etc.
- Health-related projects will receive priority consideration. Community-related requests will be evaluated based on their overall benefit to Houston Healthcare and the communities we serve.  
Financial support for health or community-related requests is not guaranteed.
  - Requests from schools for sports-related activities (e.g., signs, ads, banners, special events) will not be granted due to our Athletic Training Program, which is already provided to the public schools in Houston County. However, health-related requests that align with our community benefit initiatives will be reviewed and considered.
- One financial contribution will be made per organization per year, unless otherwise determined by the Marketing Department or Chief Executive Officer. If your organization submits multiple requests, the one that provides the greatest value to Houston Healthcare will be selected. To streamline the process, we encourage charities and organizations to coordinate internally before submitting requests.
- Each applicant must complete the application in full for consideration. Any materials related to the group, program, or event must be included with the application.
- Houston Healthcare does not provide financial donations to individuals or political candidates or campaigns.

**Donation and Sponsorship requests are reviewed on an ongoing basis. However, we ask that you submit your application at least 45 days prior to the event. All requests must be sent to the Marketing Department, 1601 Watson Boulevard, Warner Robins, Georgia 31093 or can be emailed to [marketing@hbc.org](mailto:marketing@hbc.org). The information is also available on our website, [www.hbc.org/sponsorships](http://www.hbc.org/sponsorships).**



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## Corporate Donation and Sponsorship Request Form

### Event/Program Information

Event/Program requesting funding: \_\_\_\_\_

Date of event: \_\_\_\_\_ Date funding is needed: \_\_\_\_\_

Location of event: Facility name: \_\_\_\_\_ City: \_\_\_\_\_ State: Georgia

Amount of funding requested (attach all sponsorship information): \_\_\_\_\_

Briefly summarize event/program: \_\_\_\_\_

Visibility for Houston Healthcare (ad, banner, web, handouts, etc. – include all): \_\_\_\_\_

Number expected to attend: \_\_\_\_\_ Deadline for deliverables: \_\_\_\_\_

### Organizational Information

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Your organization's status (circle one): Non-profit For-profit Years in operation: \_\_\_\_\_

Have you received a sponsorship from Houston Healthcare in the past? (circle one) Yes No

If yes, please list amount(s) and date(s) and a brief description of sponsorship and event program: \_\_\_\_\_

Additional info you would like to provide: \_\_\_\_\_

Please include/attach any supporting documentation about your event/program, promotional materials, etc.

\_\_\_\_\_  
Signature of organization's representative

\_\_\_\_\_  
Date of request

***You will receive correspondence from Houston Healthcare with our decision by email. For additional information regarding this process, please contact the Marketing Department at (478) 975-6585 or [marketing@hhc.org](mailto:marketing@hhc.org).***