



1601 Watson Boulevard
Warner Robins, Georgia 31093

Corporate Donations and Sponsorships Guidelines

Emory Healthcare, with locates in Warner Robins and Perry, 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 lives and provide hope by delivering exceptional care to our patients, their families, and the communities we serve."*

In addition to supporting our communities through contributions, Emory Hospital Warner Robins and Emory Hospital Perry continue to invest 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 our organization.
- The group, program or event must offer appropriate visibility and value-added opportunities, 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 our organization 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 our organization 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.
- Emory Hospital Warner Robins and Emory Hospital Perry do 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@hhc.org. The information is also available on our website, www.hhc.org/sponsorships.

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 our organization: (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 sponsorships from our organization 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 Emory 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.