

# HOUSTON HEALTHCARE

## Corporate Donations and Sponsorships Guidelines

Houston Healthcare receives numerous requests for donations and sponsorships each year. We are pleased to partner and support the community-based organizations that complement and impact the mission of our organization, 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.”*

Houston Healthcare not only supports our communities through contributions, but also invests over \$20 million each year in charity and indigent care for those who would otherwise not have access to health care.

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

- Donations or sponsorships will be given to support those charities and organizations that complement the mission of our organization.
- The group, program or event should reflect positively on Houston Healthcare.
- The group, program or event must provide appropriate visibility and value-added opportunities for Houston Healthcare, such as the logo, banners, etc.
- Health-related projects will be given priority. Community-related requests will be considered based on their overall benefit to Houston Healthcare and those we serve. Financial support for health or community-related requests is not guaranteed.
  - Requests from schools regarding sports and other school activities (signs, ads, banners, special events, etc.) will not be granted due to our Athletic Training Program which is provided to the public and private schools in Houston County. However, if the request is health-related and impacts our community benefit initiatives, it will be reviewed and considered.
- One financial contribution will be made to the requesting organization per year, unless otherwise determined by the Marketing Department or Chief Executive Officer. If your organization sends multiple requests per year, the request which brings the most value to Houston Healthcare will be selected. It is preferred that the charity/organization coordinate its efforts before the requests are made to Houston Healthcare.
- Each applicant must complete the application in its entirety in order to be considered. Any materials on the specific group, program or event must be sent with the application.
- Houston Healthcare does not make financial donations to individuals or political candidates/campaigns.

**Houston Healthcare reviews Donation and Sponsorship requests on an on-going basis; however, we request that you submit your application a minimum of 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](mailto:marketing@hhc.org). The information is also available on our website, [www.hhc.org/sponsorships](http://www.hhc.org/sponsorships).**

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## Corporate Donation and Sponsorship Request Form

### Event/Program Information

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

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

Location of event (city and facility): \_\_\_\_\_

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

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: \_\_\_\_\_

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

Email: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

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 information 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 questions regarding this process, please contact the Marketing Department at (478) 975-6585 or [marketing@hhc.org](mailto:marketing@hhc.org).*