Community & Event Sponsorship Request Form

Pottstown Hospital
TOWER HEALTH
Advancing Health. Transforming Lives.

Requestor Information

Organization Name:

Organization Address:

Primary Contact Name:

Position/Affiliation:

Phone Number:

Email:

Sponsorship Request Information

Event/Project Name:

Event/Project Date:

Event/Project Description:

Type of Request: Monetary Donation

Monetary Donation Amount:

Promotional Items: Type: Quantity:

Print Advertising: Size: Format: Black & White

Other:

Deadline for Decision:

Please email completed request forms and supporting materials to:
PottstownCommunityHealth@towerhealth.org

Decisions are based on consistency with Pottstown Hospital's Community Benefit Plan and funding availability. Due to the availability of funds, requests may be denied even if they fit the criteria.

External agencies and organizations requesting use of property must show proof of liability insurance.

If this request is approved, I understand that I may be asked to provide Pottstown Hospital with a follow-up report detailing how the contribution was used and how many people were impacted.

Submissions are received and evaluated on an ongoing basis and require a 60-day review period.