

College Station Medical Center



**Sponsorship and Donation Request Form**

Type of request (donation or sponsorship): \_\_\_\_\_

Purpose of request (who is the money benefitting?):

\_\_\_\_\_  
\_\_\_\_\_

Amount of request: \$\_\_\_\_\_

Name of organization: \_\_\_\_\_

Tax ID number: \_\_\_\_\_

Organization address (for mailing payment):

\_\_\_\_\_  
\_\_\_\_\_

How many people will benefit from this sponsorship/donation? \_\_\_\_\_

\_\_\_\_\_

Track record with particular event (tell us your successes):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will this sponsorship benefit the hospital? If so, how?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_

e-mail \_\_\_\_\_ Fax \_\_\_\_\_

Please return this request to the marketing department at College Station Medical Center,  
[Shelby.cummings@csmcdcenter.com](mailto:Shelby.cummings@csmcdcenter.com) or mail to Attn: Marketing, College Station Medical Center, 1604 Rock  
Prairie Road, College Station, TX 77845.