



Portsmouth Regional Hospital---Sponsorship Application

1. **Organization Legal Name:**
2. **Mission Statement:**
3. **Submission Date of Request:**
4. **Specifics of the Request:** *(where, when, benefitting whom, etc.)*
5. **Sponsorship Benefits:** *(signage, shirts, program, social media, etc.)*
6. **Deadlines:** *(for copy, ads, etc.)*

Contact Name:

Contact Title:

Street Address/Mailing Address:

City/State/Zip:

Contact Email:

Contact Office/Cell Phone: