



# DONATION/SPONSORSHIP REQUEST FORM

Page 1 of 2

**PLEASE READ:** The goal of Passport Health Plan’s grant program is to award funding to organizations whose program is aligned with Passport Health Plan’s mission to improve the health and quality of life of its members and thereby benefit Passport members. As such, Passport’s preference is to award funding for organization programs rather than for fund raising or recognition events.

**Please allow at least three (3) months for your request to complete the review process.**

We are pleased to offer this sponsorship/donation request form online in order to aid us with meeting the financial requests for community organizations. If you are in need of sponsorship for an event for your organization, please fill out the fields and submit. You can expect a response from us within six weeks of your request. Questions regarding this process can be directed to Jill J. Bell at [jill.bell@passporthealthplan.com](mailto:jill.bell@passporthealthplan.com). Please feel free to attach information as needed. Thank you for your cooperation.

## Organization Information

Organization:

Non-Profit 501c3#:

Contact Name and Title::

Contact’s Email Address:  Phone #:

Mailing Address:

City/State/Zip:

Purpose of the Organization:

## Event Information

Name of the Event:

Date of Event:

Location of the Event:

Description of Sponsorship/Donation Opportunity:



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Page 2 of 2

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Requested Sponsorship/Donation Level or Quantity:

Brief Overview of Benefit for Passport Health Plan:

Are Passport Health Plan Members impacted by this sponsorship? If so, how many?

What is organization's percentage of administrative cost?

How will these sponsorship funds be utilized?

How will outcomes be measured?

Applicable Deadlines:

Additional Information: If someone from Passport Health Plan is involved with your agency, please let us know.