

Kaiser Permanente Sponsorship Request Template  
 PLEASE PRINT ON YOUR ORGANIZATION'S LETTERHEAD

Legal Name Organization:	
Address:	
Tax ID #:	
Contact name, phone number, email address:	
Brief summary of organization's history, mission and goals:	
Event Title, Location and Date:	
Event Description (include objective, expected attendees, demographics, etc.):	
Amount Requested:	
List any elected officials or government leaders expected to attend:	
Tangible Benefit Amount:	
Attachments:	<p>Please provide the following documents:</p> <ul style="list-style-type: none"> <li>• Tax Determination Letter</li> <li>• Board of Directors list</li> <li>• Breakdown of all sponsorship levels, along with the benefits of each</li> <li>• Sample printed material used in past events (optional)</li> </ul> <p>For requests of \$10,000 or more, additional documentation will be required if application is accepted.</p>