

Bingham Memorial Hospital Donation and Sponsorship Instructions

Bingham Memorial Hospital (BMH) is proud to support projects that enhance our mission, vision, and commitment to community progress. As a non-profit 501 (c) 3 organization, the hospital gives careful consideration to each request for donations, sponsorships, and other in-kind gifts.

All funding requests must be submitted in writing through the attached Donation and Sponsorship Application. Applications and supporting material should be given to the Director of Public Relations or the Executive Assistant. A committee designated by the hospital Administrator meets once a month to review and allocate funding requests.

It is the responsibility of the requesting party to ensure that the Donation and Sponsorship Application and any other requirements are completed in their entirety. Incomplete requests will not be reviewed for consideration.

The following questions are used by the review committee as they make decisions:

1. Will funds provide an appropriate opportunity for BMH to create, build, and strengthen relationships with local organizations?
2. Will funds support health improvement initiatives, programs, and educational efforts?
3. Will the donation or sponsorship provide an appropriate opportunity for recognition and/or promotion of BMH, or one of its affiliates?
4. Does the requesting party have a long-standing history of community service, or are they involved with a project that will benefit a substantial population in BMH's service area?
5. Will this donation enhance the public image of BMH?
6. Was the entire application complete and presented to the committee for review?

If you are granted the funds you have requested are you willing to do the following:

1. Write a message of thanks in the form of a Letter to the Editor and send it to BMH Public Relations; the Blackfoot Morning News; the newspaper in the city which the funds were used.
2. Submit a follow-up report for any donation in excess of \$500 to BMH that explains how the donated funds were used, how individuals and the community benefited, and how BMH was recognized.

You will be contacted by Bingham Memorial Hospital if your application is approved. If you have any questions about requesting funds from BMH please contact the Public Relations office at 782-2866.

Bingham Memorial Hospital Donation and Sponsorship Application

Your name/ business name: _____

Address: _____

Email: _____

Phone number: _____

Website: _____

Funds requested are for: Donation Sponsorship Event Non-Cash Other

Explain other: _____

Amount requested: _____ Date needed: _____

Purpose of requested funds: _____

How will requested funds be used: _____

How will requested funds benefit the community: _____

How will requested funds benefit BMH: _____

Name your primary care physician: _____

Which BMH physicians have you visited during the past 12 months: _____

Which BMH services have you utilized during the past 12 months: _____

Are you willing to write a message of thanks in the form of a Letter to the Editor and send it to BMH Public Relations; the Blackfoot Morning News; the newspaper in the city which the funds were used? Yes No

Are you willing to submit a follow-up report for any donation in excess of \$500 to BMH that explains how the donated funds were used, how individuals and the community benefited, and how BMH was recognized? Yes No

Is there anything else you would like to share: _____

If you are requesting funds for an event please answer the questions below.

Event date & time: _____

Event location: _____

Total cost to produce your event: _____

Who will attend your event: _____

What is the projected attendance of your event: _____

How can BMH be recognized at your event: _____

For Committee Use Only:

Date reviewed: _____

Approved Amount: \$ _____

Denied

Comments: _____
