

**Organization Requesting Sponsorship**

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Name:

Title:

Organization:

Street Address:

City:

State:

Zip Code:

Phone Number:

E-mail:

**Sponsorship Opportunity or Event**

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Name of organization requesting sponsorship:

Name of the opportunity or event:

Tax ID #:

Event Date(s):

Event Location:

Amount of Sponsorship Funding Requested:

Please describe the mission of your organization:

Briefly describe the sponsorship opportunity or event:

Please describe the audience demographics and expected attendance numbers:

Has UC Davis Health sponsored this event or organization in the past? If so, when?

Please explain how this sponsorship opportunity or event will benefit UC Davis Health and the health of the community?

Does your organization have board representation or any affiliation with a UC Davis Health faculty or staff member? If yes, who?

Please provide any additional information you would like to be considered as part of your request.

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**Please submit your request as indicated below.**

All requests for sponsorship must be submitted with the following:

- This completed Sponsorship Request Form
- Letter of request on the organization letterhead
- W-9 Form
- Breakdown of all sponsorship levels that include benefits
- List of organization board of directors and/or event committee members

Please e-mail all of the above to: [hs-sponsorships@ucdavis.edu](mailto:hs-sponsorships@ucdavis.edu)

*For further assistance, please contact the Sponsorship Committee at (916) 734-5441 or e-mail [hs-sponsorships@ucdavis.edu](mailto:hs-sponsorships@ucdavis.edu).*