



Sponsorship Request Form

Thank you for your interest in partnering with the OHSU Knight Cancer Institute. Please use this application form for the initiative/event that you would like to request financial or in-kind sponsorship from the OHSU Knight Cancer Institute.

Once you have submitted your application, you will receive a confirmation that we have received your request within five business days. For questions and to request additional information, please contact Marilyn Hubin at 503-494-3607 or at hubinm@ohsu.edu. Please send completed forms along with information about sponsorship levels and corresponding benefits (if applicable) to hubinm@ohsu.edu or by mail to:

OHSU Knight Cancer Institute
Attn: Marilyn Hubin
3181 SW Sam Jackson Park Rd.
Mail code: KR-ADM
Portland, OR 97239



Request for Sponsorship Application

Today's Date:

Requestor's contact name:

Requestor's contact email:

Requestor's phone number:

Organization Name:

Organization mailing address:

City:

State:

Zip:

Phone Number:

Email Address:

Organization or Initiative Website:

Does your organization hold a non-profit status?

Are you requesting money specifically from one of our operating partners? Please indicate:

OHSU Knight Cancer Institute

OHSU Health

Tuality Healthcare Portland

Adventist Healthcare Portland

All of the above

I don't know

Has your organization applied for an OHSU Knight Cancer Institute sponsorship in the past? If so, when?

Sponsorship Request:

Amount Requested:

Event Name:

Event Date:

Event Location name and address:

Request Type (Walk/Run, Conference, Fundraising auction, luncheon, dinners)

Event description (brief description of goals, expected outcomes, etc.)

Target Audience?

Number of attendees (expected # of attendees (projected and in past years).

How will sponsorship dollars be used?

Geographic areas being served? (e.g: Greater Portland Area, SW Washington, etc.)

Community need being addressed by your organization?

Initiative description (brief description of goals of the initiative, expected outcomes and any major past accomplishments

New or established (if established, how many years?):

Have you received or requested sponsorships from members of the health system previously, if so, who?

Additional resources (describe any in-kind resources that you would expect from the OHSU Knight Cancer Institute if a sponsorship is granted (i.e. giveaways, brochures, volunteers, speakers, photos, etc.):

Other sponsors (will you have other sponsors? Provide the names of others sponsors you intend to approach):

Other OHSU related sponsors (will you be seeking sponsorship support from any other OHSU or OHSU Health entity? If so, please tell us who you have approached or intend to approach):

Proceeds distribution (if the event is a fundraiser, please provide details about the percentage of proceeds that will be directed to service/benefits for the target population, the percentage that will fund cancer-related research, and about how those proceeds will be distributed.):

Publicity (provide details about how the initiative will be publicized):

Underserved population effect and commitment to health equity (describe how this initiative addresses any cancer-related needs of underserved populations):

Partnership information (describe the work your organization currently does in partnership or collaboration with the OHSU Knight Cancer Institute):

Board of directors and/or staff endorsements (identify any OHSU Knight Cancer Institute staff or faculty members who are on your board of directors and/or can speak to the benefits of this initiative and your organization):

Attachments:

Please attach a copy of program and/or sponsorship packet

FOR OFFICE USE ONLY	
Date received:	Approval status:
Date approved:	Approved by: