



Sponsorship Guidelines and Application

The Mountain View Hospital (MVH) mission is “We are a community of caregivers dedicated to compassion and excellence in improving the health of those we serve.” We extend our mission beyond our walls by contributing a limited amount of funds each year to other organizations who share our vision for a healthy community.

OUR SPONSORSHIP PRIORITIES

We focus our community giving primarily on projects and programs that promote or support health, health education and human services. We place special emphasis on requests related to the communities where MVH provides services.

OUR PROCESS

Sponsorships are awarded on an annual basis. Submission deadline: April 15. Notifications will be made June 30. We ask that a MVH Sponsorship Application be completed and returned to us via fax or mail:

FAX: (541) 475.0615
EMAIL: mvhd@mvhd.org

MAIL: MVH Sponsorship Program
Marketing & Community Relations
470 NE A Street
Madras, OR 97741

REQUESTED DOCUMENTATION

To complete our application form, be prepared to supply the following information:

- Brief background information about your organization.
- Detailed information about your specific project or program.
- Any supporting materials (brochures, flyers, etc.) related to your request.

RESTRICTIONS

Please be aware that MVH does not provide contributions to:

- Requests that benefit an individual person or family.
- Religious activities, in whole or part, for the purpose of furthering a specific religious doctrine.
- Travel expenses.
- General operating expenses.
- Political candidate or organizations.
- Memorials or endowments.
- Organizations that practice discrimination by race, gender, religion, age, sexual preference or national origin.
- Co-marketing sponsorships that endorse a product or service.

In general, one cash grant per calendar year is provided to eligible organizations. Please be advised that because of our reputation as a responsible corporate citizen throughout our service area, we receive more requests for charitable contributions than we can accommodate.

If you have questions about the process or the application itself, please feel free to contact the Marketing & Community Relations department at 541-460-4041.



MVH Sponsorship Application

Name of organization: _____

Address: _____

City, State & ZIP: _____

Telephone: _____ Fax: _____

Organization Web site: _____

501(c)3 Number (if applicable): _____

Contact Name: _____

Contact Job Title: _____

Contact E-mail: _____

Please submit responses to the following questions. Attach information where pertinent.

1. Describe your project or program and its history in our communities (*i.e. Why is this project needed? What is your mission? What will this project support? How will your project or event have a positive impact on our community?*).
2. How does your event or project align with our sponsorship priorities?
3. How many people will your project/event reach, and what are your audience demographics?
4. What is the specific cash amount requested? Or what are the contribution levels, including the benefits at each level for MVH?
5. If your request is for an in-kind contribution, please explain how you will use the in-kind resources?
6. What are your plans for evaluating your project, including measurable outcomes?
7. How will you share news about your event or project with our community?
8. How will you acknowledge Mountain View Hospital's support?

Please include this completed page with a cover letter. You may attach extra pages to this application as needed.