



St. Joseph's Foundation  
 Barrow Neurological Foundation  
 The Congenital Heart Foundation  
 Members of CHW

**Please return completed form to:**  
 Office of Philanthropy  
 St. Joseph's Hospital and Medical Center  
 350 W. Thomas Rd.  
 Phoenix, AZ 85013  
**Fax: (602) 406-1075**  
 Questions: (602) 406-1031

**Community Support Form**

Please complete this form if you are planning an event. Thank you for choosing St. Joseph's Hospital and Medical Center!

Today's Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Contact Phone Numbers(s): mobile: \_\_\_\_\_ office: \_\_\_\_\_ home: \_\_\_\_\_

Details of Supporting Organization/Individual

Is this support coming from an individual or organization? \_\_\_\_\_

Organization name: (if applicable) \_\_\_\_\_ Website: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If an organization, is it a 501(c)3? Yes/No If yes, 501(c)3 ID#: \_\_\_\_\_

Please describe the organization: (or provide mission statement)

Details of Support

Type of donation: (cash/non-cash/both) \_\_\_\_\_

Anticipated total donation amount? \_\_\_\_\_

What type of event or fundraiser are you planning: Program/Golf Tournament/Toy or Blanket Drive/Run/Walk/other?

Please describe: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Description: \_\_\_\_\_

Event Location(s): \_\_\_\_\_ Event Size: \_\_\_\_\_

Promotion plans: (Please list methods &/or media you plan to use to promote your event.)

Is the event one time only, or reoccurring? If reoccurring, how often?

What area(s) of the hospital would you like to support?

Please tell us why you chose St. Joseph's Hospital and Medical Center:

What kind of support &/or partnership are you seeking from the Foundations of St. Joseph's?

Are there other beneficiaries of your support? If yes, please list.

For more information on becoming a community partner, please contact the Foundations of St. Joseph's at 602-406-3041.