

# Community Support Form

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



Please complete this form in its entirety and return to:

Office of Philanthropy | St. Joseph's Hospital and Medical Center  
350 W. Thomas Road, Phoenix, AZ 85013

Fax: (602) 406-1075

Questions: (602) 406-3041

Today's date: \_\_\_\_\_

## Information About You

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

Organization's name (if applicable): \_\_\_\_\_

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

Please describe your organization: \_\_\_\_\_

Phone numbers(s):

mobile: \_\_\_\_\_ office: \_\_\_\_\_ home: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

## Your Event

Event name: \_\_\_\_\_ Event date: \_\_\_\_\_

Event location(s): \_\_\_\_\_ Event size: \_\_\_\_\_

Event description: \_\_\_\_\_

How will you promote your event? \_\_\_\_\_

Is the event one time only or recurring? \_\_\_\_\_

Type of donation: cash \_\_\_\_\_ non-cash \_\_\_\_\_ both \_\_\_\_\_

Anticipated total donation amount: \_\_\_\_\_

What area(s) of the hospital is your event supporting? \_\_\_\_\_

Will part of the proceeds from your event go to another organization(s)? If yes, please list: \_\_\_\_\_

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

How can we help? \_\_\_\_\_