



Community Sponsorship Request Form

IMPORTANT: Please review the MVP Health Care *Guidelines for Community Sponsorships* and directions on *How to Apply* prior to submitting this form.

Organization submitting application/proposal: _____

Contact information for person submitting application/proposal: _____

Name: _____ Title: _____

Daytime Phone #: _____ Email: _____

Address: _____

Name of Event or Program & Brief Description:

Event Date/Time: _____

Event Location: _____

Expected Attendance: _____

Statement describing how the event/program meets MVP's sponsorship criteria (include any relevant documents as attachments):

Specific benefits to MVP for sponsoring event/program (please indicate varying levels of potential support, if applicable):

Information about the population and geographic location your organization serves:

List any other committed sponsors of event/program and level(s) of commitment:

Indicate whether other health benefits companies are committed or have been approached to sponsor the event/program:

Is your organization a current customer of MVP Health Care? Yes No

Does an MVP employee sit on your board or volunteer for your organization? Yes No

If yes, please identify the MVP employee and his/her role with your organization.

Completed forms, accompanying information, or questions should be directed to:

Corporate Social Responsibility
MVP Health Care
625 State Street
Schenectady, NY 12305
corporatesocialresponsibility@mvphealthcare.com

