

Texarkana Emergency Center & Hospital, your neighborhood ER & hospital, is on a mission to not only provide exceptional medical care for all but also foster a sense of health and safety in our community. We will consider Financial Contributions, In-Kind Donations, or provide volunteer support. Consideration will be given to Non-Profit organizations with a valid 501(c)3.

For your request to be considered, please complete and return this form with the information requested below.

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Date Organized: \_\_\_\_\_

Are you a Non-Profit Organization:  Yes (Please Provide a Copy of your 501(c)3 Documentation)  No

What Geographical Area Does Your Organization Serve? \_\_\_\_\_

Briefly Describe the Services that your Organization Provides:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is This Organization:  National  Regional  State  Local

Nature and Amount of your Request: \_\_\_\_\_

How Will Funds be Utilized if Granted? \_\_\_\_\_

Is This an Ongoing or One-Time Request? \_\_\_\_\_

If Ongoing, How Frequently do you Anticipate Requesting Funds? \_\_\_\_\_

*If your organization has multiple sponsorship opportunities in a calendar year, please submit them in a single request. Only one request will be considered each year. Multi-year pledges will not be accepted.*

Name of Person Placing Request: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Organizational Position/ Title: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Request Deadline: \_\_\_\_\_ Event Date: \_\_\_\_\_

Please return this form with supporting documentation and a list of the Board of Directors.



4646 Cowhorn Creek Rd  
Texarkana, TX 75503



903-838-8000



903-223-6020



info@TexarkanaEmergencyCenter.com