

Williamson Medical Center Sponsorship Request

Williamson Medical Center aims to support the health of the communities we serve.

We are happy to receive many requests for sponsorships support from community organizations each year. Sponsorships must align with the mission, vision, values and strategic priorities of Williamson Medical Center.

Guidelines/Criteria:

1. Support of health and wellness to benefit the community of Williamson County
2. Align with Williamson Medical Center's mission, vision and strategic priorities
3. Support of Williamson Medical Center major clinical programs
4. Must be events in our primary or secondary service areas

While we encourage involvement in the communities in which we serve, we do not provide sponsorships for the following:

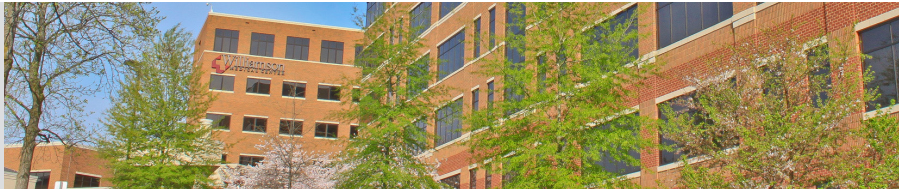
- Personal fundraising efforts
- Individuals or small groups for participation in trips, tours, workshops, contests, competitions, etc.
- Individual teams or groups, i.e., youth travel teams, classroom projects, etc.
- Family Foundations
- Political campaigns

How to submit a request:

1. All organizations must complete the request form.
2. Requests for multiple events or programs must be submitted separately, one at a time.
3. Requests must be made a minimum of 12 weeks in advance of print deadlines and/or the event or program start date.
4. Please submit completed form to Leigh Goodgine:
Williamson Medical Center, c/o Leigh Goodgine, Administration
4321 Carothers Parkway
Franklin, TN 37067
email: lewilliams@wmed.org
phone: (615) 435-5158

Thank you for asking Williamson Medical Center to be a part of your exciting program. Please keep in mind with the many requests we receive, we are unable to participate in every program even if your organization meets all the above criteria.

We will follow up with your organization regardless of our intent to sponsor. Additional follow up or meetings may be required to fully understand the scope of the sponsorship request.



Williamson Medical Center Sponsorship Request Form

Organization Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Contact Name: _____

Contact Phone: _____

Contact E-mail: _____

Date of Event/Program: _____

Please give a brief description of the Event/Program: _____

What are the different levels of sponsorship? _____

How does this event/program support the mission/goals of Williamson Medical Center?

Is this event/program open to the public? yes no

Is this a pilot event? yes no

Please describe the target audience: _____

Estimated attendance: _____

Has your organization previously been sponsored by Williamson Medical Center? yes no

If yes, please describe: _____

List of current sponsors: _____

If approved, will WMC have the opportunity to participate? yes no

If approved, will WMC have the opportunity to place signage onsite? yes no

If approved will there be an ad or artwork for WMC to submit? yes no

Will your event require EMS services provided by WMC? yes no

Please attach additional documents or information you feel would be helpful in consideration of sponsoring this event.