



## **Important - Read all information before completing form!**

### **Sponsorships**

Here at Copper Queen Community Hospital (CQCH) it is our mission to champion the development, management, and distribution of gifts to assist the Community in providing excellence in healthcare throughout Southern Cochise County. We truly believe we are “better together”. We are also proud to play a significant role in contributing to the health of our community by donating to local health and wellness initiatives. To make the best use of our resources as a non-profit, we prioritize organizations that can make the largest and most sustainable impacts.

### **Sponsorship Criteria**

If you meet one or more of the criteria below, we invite you to submit a form detailing your sponsorship/donation request. You must complete your request at least **60 days before your event and attach a copy of your W-9.**

**Sponsorships/donations are only available for registered 501(c)(3) nonprofit organizations, 501(c)(4) social welfare organizations, and 501(c)(6) business leagues.**

We consider sponsorship of programs and events that:

- Align to Copper Queen Community Hospital’s Mission and Vision found [here](#)
- Focus on the geographic areas that CQCH and affiliated clinics serve or areas of anticipated growth (Bisbee, Palominas, Hereford, Douglas, Tombstone, etc.)
- Benefit the health and wellness of the community and/or encourage healthy lifestyles
- Impact identified community health needs and aim to reduce health disparities, specifically related to obesity, smoking cessation, access to care, mental health and social economics
- Offer the opportunity for meaningful community engagement through communication or health education
- Educational.

### **Sponsorship Request Form**

**We are only able to accept one sponsorship/donated request per organization, per year. We ask that you include the complete opportunity your organization would like us to consider when applying.** Please note that CQCH is not able to match personal contributions given by teammates to organizations.

## Sponsorship Request Application

Today's Date	
Organization Name	
Non-Profit Tax ID Number	
Contact Name & Title	
Contact Email	
Contact Phone	
Payment Mailing Address	
Organization Website	
Organization Mission	
Is this an Event, Program, or Sponsorship?	
Which of the following will you be addressing? <ul style="list-style-type: none"><li>• Access to Care</li><li>• Cancer</li><li>• Chronic Disease</li><li>• Mental and Behavioral Health</li><li>• Overweight/Obesity</li><li>• Social determinants of health</li><li>• Trauma/Injury Prevention</li><li>• Education</li></ul>	
How will this contribution help support the mission of Copper Queen Community Hospital?	

Name of CQCH champion (Staff/Board Member/etc.) that is directly involved with your organization (if applicable). They must be willing to help with aspects of the event sponsorship as needed.	
Date of Event (if applicable) Start/End Time of Event	
Address of Event (if applicable)	
How will CQCH be recognized? <ul style="list-style-type: none"> <li>• Logo on shirt, banner, social media?</li> </ul>	
Amount of Request	
Has your organization received sponsorship or a donation from CQCH or the CQCH Foundation in the past? If so, please state when, how much, and for what purpose.	

**Please check to make sure you completed all aspects of the request. Did you...**

- ☐ Complete the application in its entirety and submit request more than 60 days in advance
- ☐ Submit your W-9
- ☐ Submit your flyer, brochure, or sponsorship package details
- ☐ Compile **all documents as one file** (preferably PDF), **label it with the name of your organization**, and email it to [noshea@cqch.org](mailto:noshea@cqch.org).

If you are unable to email the package, please mail it to:

Nathalie O'Shea  
Copper Queen Community Hospital  
101 Cole Ave.  
Bisbee, AZ 85603

Any questions? Call (520) 432-6466 or email [noshea@cqch.org](mailto:noshea@cqch.org).