



**Greene County General Hospital
1185 North 1000 West
Linton, Indiana 47441
812-847-2281**

**Application For Sponsorship/
Donation**

Name of Organization/Agency: _____

Physical Address of Organization/Agency: _____
Street

City

State

Zip Code

Mailing Address (if different): _____
Street or Post Office Box

City

State

Zip Code

Phone Number(s): _____
Work Home Mobile

Contact Person: _____
Name Title

Email Address: _____

Is organization exempt from payment of income tax? Yes _____ No _____

Is organization deemed a Not for Profit approved by the IRS? Yes _____ No _____

Employer Identification Number (EIN): _____

Total amount requesting: _____

How will Greene County General Hospital, My Clinics and/or TeamOrtho's support, sponsorship and/or donation be marketed to the community? Example: Facebook post, banner, announcement, event announcement, special thanks, etc.

