



MEMORIAL HEALTH SYSTEM

o f E a s t T e x a s

Community Giving Application

Organization Name _____

Date of Event/Sponsorship _____

Location of
Event/Sponsorship _____

Amount Requested \$ _____

Contact Information

Name _____

Phone Number _____ Address _____

Event Information

Purpose/Goal of Event _____

Who will Participate in the Event? (i.e. schools, city officials, other organizations)

Number of Participants _____

Will Memorial Health System of East Texas' name be used in publications or display material? If so, how?

Promotional Items Only

Number of Promotional Items Requested _____

Please return applications to:

Yana Ogletree

Director of Marketing

P.O. Box 1447

Lufkin, Texas 75902

(936) 639-7163