Excela Health appreciates the benefits of physical activity and sports in an individual’s life. Sports, and healthy competition, can motivate student athletes in the classroom and beyond and we acknowledge the relationship between athletic involvement and success in later life.

Excela Health receives numerous requests for support from our region’s sports leagues, teams, for sports programs and events. Below you will find criteria for requesting support. We give careful consideration to requests for financial and in-kind support as they relate to our mission, vision and values along with our strategic priorities. Sponsorships should have a relationship to community health improvement or preventive undertakings.

Due to the large volume of requests, we ask that you submit the sponsorship form at least (3) months in advance and you must meet one or more of the following criteria.

- The requesting organization provides direct health-related benefit within the Excela Health service area that leads to community benefit.
- The requesting organization and event must reflect positively on Excela Health and must have added opportunities through the approved use of Excela’s logo in advertisements and/or other materials such as banners, website, signage, t-shirts, etc.
- The event/activity should reach a desirable target audience in our service area.
- On-site involvement: There is an opportunity for Excela Health to be present, interact at the event with those in attendance and/or provide an educational speaker.
- The organization has a strong affiliation with Excela Health.

Excela Health will not sponsor the following:
- Individuals or individual endeavors
- Sponsorships outside of our primary service area
- Travel costs

Approval Process
- All organizations must fill out a copy of our sponsorship request form. Please complete the form below.
- Requests must be submitted three months in advance.
- Because we receive a large volume of sponsorship requests, we may offer an alternative to a monetary sponsorship.
- Please allow 16 business days to contact you regarding your request.
After you have reviewed our Sponsorship Criteria and feel your organization is applicable, please complete the following Sponsorship Application Form, print and mail to:

Patti Buhl, Community Relations Manager
Excela Health Marketing Department
226 Donohoe Road, Suite 111, Greensburg, Pa. 15601

Date of Request: ____________________________
Name of School/Organization: ____________________________
Event/Activity: ____________________________
Name of Contact Person: ____________________________
Mailing Address: ____________________________
Phone Number: ____________________________ E-mail: ____________________________
Location of Event: ____________________________
Is your Organization a non-profit? YES _____ NO_____ 501(c) or Federal Tax ID Number: ____________________________
Monetary Donation: ____________________________ Amount requested: ____________________________
Other Assistance: (In-kind donation for basket raffle, speaker, supplies, etc.) Please explain: ____________________________
How will the community benefit from this event? (Please attach any relevant information)
___________________________________________________________________________________________
How many people will this sponsorship directly benefit? ____________________________
What opportunities are there for Excela Health's involvement? ____________________________
Deadline date for ad or logo request: ____________________________

Questions? Contact pbuhl@excelahealth.org