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**  
**Ex cela Health Marketing Department**  
**420 Pellis Road, 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