



Community Support Application

Thank you for your interest in Inland Hospital! It is our goal to support local efforts that align with Inland’s mission, “*to care for and serve our community.*” Please return your completed application to: inlandcr@emhs.org, or by fax: 861-3387 or mail to: Community Relations Department, 200 Kennedy Memorial Drive, Waterville, ME 04901. Please allow at least four weeks for us to reply to your request. If you have questions please call 861-3293 or email inlandcr@emhs.org. Thank you.

Name of requesting organization/business	
Name/Title of contact person	
Address of organization/business	
Phone of contact person	
Email of contact person	
Activity/Project name & description	
Date & time of activity/project	
Location of activity/project	
Target audience (age, gender)	
Number of people expected	
What is your request - Sponsorship or Community Outreach Request? Include dollar amount options if Sponsorship.	
What is the goal of your activity/project, and how will it contribute to overall improvement in health or quality of life in our community? (100 words max)	
List other community partners involved in this activity/project	
How will your event/activity be promoted, and how would Inland be identified as a sponsor or participant?	
Other information you feel important for us to know	
Date of submission	