



**WOODLAND HEIGHTS
MEDICAL CENTER**

Corporate Giving Application

Organization Name _____

Contact Name _____

Contact Phone Number _____

Contact Address _____

Date of Event/Sponsorship _____

**Location of
Event/Sponsorship** _____

**Purpose/Goal of
Event/Sponsorship** _____

**Participants (i.e. school groups/business leaders, general
public)** _____

Number of Participants _____

**Will the Woodland Heights name be used in publications or display material? If so,
how?** _____

Amount Requested \$ _____

Number of Specialty Items Requested _____

**If available, what specialty items would you like to receive for your
event?** _____

*Please return applications to Yana Ogletree or Connie Kennedy, WHMC Marketing
Communications, 505 S. John Redditt Dr., Lufkin, Texas 75904 or fax to (936) 637-8600.
For questions, contact Connie Kennedy at 936-637-8688.*