



WOODLAND HEIGHTS
MEDICAL CENTER

Corporate Giving Application

Organization/Event Information

Organization Name: _____

Event Name: _____

Purpose/Goal of Event/Sponsorship: _____

Date of Event/Sponsorship: _____

Location of Event/Sponsorship: _____

Will the Woodland Heights name be used in publications or display material? Yes / No

If so, how? _____

Amount Requested: _____ Number of Participants: _____

Contact Information

Contact Name: _____

Contact Phone Number: _____

Contact Address: _____

Promotional Items

Number of Specialty Items Requested _____

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

*Please return applications to:
Jennifer Stevens, Director of Marketing
505 S. John Redditt Dr.
Lufkin, Texas 75904
(936) 637-8688 – phone
(936) 637-8600 – fax
Jennifer.Stevens@WoodlandHeights.net*