



Children's International[®]

MEDICAL GROUP

SPONSORSHIP REQUEST FORM

NAME:

PHONE NUMBER:

EMAIL ADDRESS:

WHAT IS THE NAME OF THE ORGANIZATION/EVENT THAT NEEDS SPONSORSHIP?

WHAT IS THE WEBSITE OF THE ORGANIZATION/EVENT THAT NEEDS SPONSORSHIP?

WHAT IS THE PURPOSE OF THE SPONSORSHIP?

DO YOU NEED A REPRESENTATIVE OF CIMG TO ATTEND?

**WHAT IS THE REQUESTED AMOUNT OF DONATION?
WHEN IS IT DUE?**

**IS YOUR CHILD A PATIENT OF CIMG?
WHAT IS YOUR CHILD'S NAME?
WHAT IS YOUR CHILD'S DATE OF BIRTH?**

Please email this request to brad.icttech@cimgpeds.com along with any other information that will help us determine if we can honor your sponsorship request.