



**Magellan of Arizona
Sponsorship Proposal Form**

Please attach a copy of your organization’s 501(c)(3) letter, W9 form, and a detailed event budget to this form. Applications may be mailed, e-mailed or hand delivered.

Date: _____

Organization Name: _____

Executive Director: _____

Address: _____

City, State Zip _____

Contact Name: _____

Title: _____

Telephone Number: _____

Contact E-mail: _____

Organization Website: _____

Organization Mission: _____

Requested Amount: _____

How will Magellan funds be used? (500 words or less) _____

Describe specific sponsor benefits: (500 words or less) _____

Sponsor Benefits	Cost	Tax Deductible Cost
<i>Ex. One table of 10</i>	<i>\$250 per ticket</i>	<i>\$100 per ticket</i>

Event/Program Name: _____

Event/Program Date: _____

Event/Program Location (if unknown, include possible locations): _____

Event/Program Description: What are you hoping to accomplish? Include your objectives and outcomes. How will you determine if you reached those objectives and outcomes? (500 words or less)

Describe your marketing plan, tools, outreach, anticipated attendance and audience demographics. (500 words or less)

Applications may be mailed, e-mailed or hand delivered to:

Magellan of Arizona
 Attn. Alexandra Zavala
 Director, Community Reinvestment and Involvement
 Magellan of Arizona
 4129 E. Van Buren, Suite 250
 Phoenix, AZ 85008
 E-mail: MaricopaSponsorships@MagellanHealth.com