



OSS Health Sponsorship Request Form

Please note that we require **90 days** to process your sponsorship request. If you are unable to work within our timeframe, please reconsider your submission for the next year. Thank you.

Date of request: _____ Organization: _____

Name of event or opportunity: _____

Date of event/duration of opportunity (i.e., year-long sponsorship): _____

Deadline for advertising/artwork: _____

Check needed by (date): _____

Sponsorship levels (may attach separate sheets): _____

Make check payable to: _____

Mail check to (please include name and address): _____

Contact person (may be different from check recipient): _____

Contact Phone: _____

Contact Email: _____

Questions? Email CorporateDonations@osshealth.com or call 717-747-8382.

Thank you for your request!

www.osshealth.com