



# CLEAR CHOICE MD<sup>®</sup>

## URGENT CARE

## Sponsorship/Event Request Form

This form must be completed at least 60 days prior to the due date of funds requested for the associated sponsorship or community event. Please send this form along with additional paperwork and information (sponsorship levels, ad dimensions, pricing, W9 etc.) to [marketing@ccmdcenters.com](mailto:marketing@ccmdcenters.com).

General Information	
Organization requesting sponsorship	
Name of event or team	
Location	
Date	
Number of attendees	
Deadline for receipt of funds	

Contact Information	
Name	
Phone	
Email	

Area of Focus			
<input type="checkbox"/> Women & Families	<input type="checkbox"/> Colleges & Universities	<input type="checkbox"/> Health Care	<input type="checkbox"/> Military
<input type="checkbox"/> Education K-12	<input type="checkbox"/> Employer Services	<input type="checkbox"/> Athletics	<input type="checkbox"/> Community

Social Media – please provide direct links associated with the sponsorship, contribution, or event	
Facebook Page	
Facebook Event Link	
Instagram Handle	
Hashtag	
Website	