FY2025 Request for Sarah Bush Lincoln Sponsorship Funds/Items

Organization Name		Person Making Request
Mailing Address		
City/State/Zip Code		Phone Number (area code)
s this a 501C3 Yes	_ No	Amount Requesting \$
Date of event/ Date funds ne	eded	
	s/event. Also include r	on for the requested funds/items and who and how many ecognition options. Please use one form per request. ble funds.

Return completed form to Sarah Bush Lincoln Communications Department by **Jan. 10, 2024** via email (communications@sblhs.org), or mail (SBL - Communications, 1000 Health Center Dr., Mattoon, IL 61938.