



JAMA
JAMESTOWN AREA MEDICAL
ASSOCIATES, LLP

Community Sponsorship/Charitable Request Form

Requesting Organization: _____

Address: _____

Phone Number: _____

Amount of Request: _____

Event or Purpose: _____

Please use this space to give a brief summary or description of what the money will be used for and who it will benefit:

Form completed by: _____
Print Name

Signature: _____

Please return completed forms to:

**Kevin A. Saff, Executive Director
Jamestown Area Medical Associates, LLP
15 South Main Street, Suite 300
Jamestown, NY 14701**