

Community Fundraising Event Guidelines

We are honored you would like to plan a fundraiser for East Tennessee Children's Hospital. Any person or organization who intends to promote a fundraiser to benefit Children's Hospital must adhere to the following guidelines. To maximize the promotion of your event, we prefer that you complete the application form 90 days in advance of the event.

If your event is scheduled within the next 90 days, please contact Angie Howell at (865) 541-8437/achowell@etch.com

Promotional Materials

- All materials that mention East Tennessee Children's Hospital or imply connection with Children's Hospital including printed material, press releases, media promotions (TV and radio), social networking (Facebook, Twitter, etc.) messages, signage, advertisements, broadcast emails, event website and any other form of promotion **must be approved before production** by the Community Development Manager and Marketing Department at East Tennessee Children's Hospital. **A two-week minimum lead time is required unless special permission is granted by the Development Office. If a shorter lead time is required, we will work with you to coordinate the details.**
- The event name and graphic representation must be approved in advance by the Marketing Department at East Tennessee Children's Hospital.

Proceeds

- Promotional material for events contributing a portion of the sale of any item to East Tennessee Children's Hospital must state exactly how much (either percentage or specific dollar amounts) is being contributed to Children's Hospital. (e.g., *All proceeds benefit East Tennessee Children's Hospital, 25 cents from every dollar raised will benefit East Tennessee Children's Hospital, or 75 percent of the proceeds benefit East Tennessee Children's Hospital.*)
- East Tennessee Children's Hospital reserves the right to approve or deny any and all co-beneficiaries.
- The proceeds of any approved East Tennessee Children's Hospital fundraising will be used to support the needs of children's health. Proceeds may not be used to offset an individual patient's hospital or medical bills.
- To receive gift credit for the donation from your company, please send one check to East Tennessee Children's Hospital. If you would like individual donors to be credited for their gifts, please collect all checks and submit together; all checks must be made out to East Tennessee Children's Hospital. We cannot reimburse your organization for checks made out to East Tennessee Children's Hospital.

Solicitation

- Before soliciting businesses or individuals for sponsorship levels of \$1,000 or more, you must receive approval from the Development Department at East Tennessee Children's Hospital.
- As you plan your event, please know that East Tennessee Children's Hospital does not allow community fundraising solicitation of funds through the following due to community standards, or legal reasons:
 - door-to-door soliciting
 - telemarketing
 - the use of vending machines
 - raffles

Liability Policies

- Organizer(s) must agree to hold harmless and indemnify East Tennessee Children's Hospital from any liability arising from the event and sign the attached Release, Hold Harmless and Indemnification Agreement with completed application.
- East Tennessee Children's Hospital reserves the right to cancel the event at any time if the fundraiser does not adhere to the institution's fundraising policies.
- The main contact person listed on the initial application must ensure that all necessary permits, licenses and insurance are obtained.

What You Can Expect From Us

East Tennessee Children's Hospital **CAN** provide:

- A gift recognition letter to all check donors (checks must be made payable to East Tennessee Children's Hospital)
- Event ideas and success stories of other community fundraisers
- Fundraising hints and tips to help you plan your event

East Tennessee Children's Hospital **CANNOT** provide:

- Tax exemption for event-related purchases
- Distribution of flyers
- Insurance or liability coverage
- Funding or reimbursement for expenses
- Confirmed attendance at the event by a hospital representative, patient family, or media
- Mailing list of donors or vendors
- Hospital stationery

If for any reason event plans change, please notify Angie Howell at (865) 541-8437/achowell@etch.com immediately.



If for any reason event plans change, please notify Angie
Angie Howell at (865) 541-8437 / achowell@etch.com
immediately.

Release, Hold Harmless and Indemnification Agreement

For valuable consideration, including the consent of East Tennessee Children's Hospital to use the name and/or logo of East Tennessee Children's Hospital in promotional activities or materials, the undersigned, on behalf of the organization identified below, being authorized to do so, does hereby agree to release, hold harmless and indemnify East Tennessee Children's Hospital, its directors, officers, employees and representatives from any and all liabilities and claims of liability, of any nature whatsoever, arising out of, or in connection with, the event or activity conducted by the organization identified below in which the name and/or logo of East Tennessee Children's Hospital is used, including promotion of such event.

The undersigned agrees and expressly represents that East Tennessee Children's Hospital is not a joint venture with the undersigned organizer in the conduct of the event, that East Tennessee Children's Hospital is not involved in the management, conduct or sponsorship of the event and that East Tennessee Children's Hospital is merely a charitable beneficiary of a portion of the proceeds derived from the event.

Name of Organization

Signature of Authorized Person

Printed Name of Authorized Person

Title of Authorized Person

Date



Your Contact Information

Contact Name: _____

Name of sponsoring organization: _____

Phone #: (W): _____ (C): _____ (H): _____

Address: _____

City, state, ZIP: _____

E-mail address: _____ Fax: _____

Event Information

Name of the event: _____

Anticipated dates/times of the event? _____

Event Location (including street number, ZIP code) _____

How many participants do you expect? _____

First-time event? _____ Yes _____ No

If no, please provide name(s) of organization(s) that have benefited from this event in previous years: _____

Type of fundraiser (dinner, auction, golf tournament, proceeds of sales, donation drive, etc): _____

Description of event: _____

Why did you choose to support East Tennessee Children's Hospital? _____

Will the fundraiser benefit any charity other than East Tennessee Children's Hospital? _____ Yes _____ No

If yes, who? _____

If applicable, what is the breakdown of proceeds? _____

How will you go about raising funds (ticket sales, product sales, etc.)? _____

Please list all corporations or individuals you plan to solicit for cash or in-kind (products or services) support of \$1,000 or more: _____

Total anticipated proceeds to East Tennessee Children's Hospital: _____



Event Promotion Plan

How will you promote this event?

Describe how/where you plan to use the East Tennessee Children's Hospital logo:

Is the event in honor of an individual? If so, please list name(s) and verify that you have permission to honor this person(s): _____

Do you agree that all printed material, press releases, media promotions (print, radio and TV), social networking (Facebook, Twitter, etc.) messages, signage, advertisements, broadcast e-mails, event website and any other form of promotion will be approved in advance by the Marketing Department at East Tennessee Children's Hospital and understand that a two-week minimum lead time is preferred for each item submitted for approval? _____ Yes _____ No



If for any reason event plans change, please notify
 Angie Howell at (865) 541-8437/ ahowell@etch.com
 immediately.

Please outline your media, marketing, and promotion plan in detail. (For example, do you plan to have media promotion and/or coverage of event? If so, indicate which media outlets you plan to approach.) Please check which of the following forms of promotion you will need to have approved prior to the event and the date you plan to submit for approval. Note: Approval takes a minimum of 10 business days. Submitting all promotional materials together for approval will speed the review process.

| ✓ | Expected Deadline for Approval (date) | Placement (for media material, indicate outlet) |
|---|--|--|
| <input type="checkbox"/> Printed Material <small>(invitation, flyer, program, tickets, brochure, etc.)</small> | _____ | _____ |
| <input type="checkbox"/> Press release | _____ | _____ |
| <input type="checkbox"/> Media promotion | _____ | _____ |
| <input type="checkbox"/> Social networking | _____ | _____ |
| <input type="checkbox"/> *Broadcast e-mail | _____ | _____ |
| <input type="checkbox"/> Advertisements | _____ | _____ |
| <input type="checkbox"/> Signage | _____ | _____ |
| <input type="checkbox"/> Event website | _____ | _____ |
| <input type="checkbox"/> Web banner ads | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |

**Broadcast e-mails cannot come from East Tennessee Children's Hospital and must comply with all CAN-SPAM laws.*

Other details: _____



If for any reason event plans change, please notify
Angie Howell at (865) 541-8437 / achowell@etch.com
immediately.

Signed Agreement

By signing my name below, I state that I have read and agree to the Children's Hospital Fundraising Guidelines.

Event Organizer Date

Development Representative Date
East Tennessee Children's Hospital

Please return fully completed application, along with signed liability waiver,
at least 90 days prior to the event to:

East Tennessee Children's Hospital
Development Department
ATTN: Angie Howell
P.O. Box 15010
Knoxville, TN 37901
F ax: (865) 541-8668

Once the application has been reviewed and you have received notification of your accepted application from Development staff by email or phone call, you may proceed with the planning and executing of your fundraiser. If you have any questions, please contact Angie Howell at (865) 541-8437 / achowell@etch.com.