

Thank you for believing in our mission and choosing Saint Mary's Hospital Foundation as the beneficiary for your special event! We're happy to provide you with important information, including these guidelines, to help you prepare your fundraiser.

### **What is a Third-Party Event?**

Third-Party Events are fundraisers organized and hosted by individuals or organizations outside of Saint Mary's Hospital Foundation and are designed to benefit Saint Mary's Hospital Foundation. These individuals are usually grateful patients or their families, students interested in giving to their community or fulfilling a community service requirement, or an organization that is willing to donate their goods and/or services or proceeds from a corporate event.

Some examples of Third-Party Events include: cocktail parties, golf tournaments, fashion shows, motorcycle rides, lemonade stands, comedy nights, and garden tours. Proceeds from Third-Party Events may either be directed to the Hospital's greatest area of need or to a specific area or program as designated by the event organizer.

The event planning and expenses are primarily the responsibility of the individual(s) hosting, however, the Saint Mary's Hospital foundation will assist in the preparation of the event and provide guidance on the event if needed and able.

### **Event Approval**

Because Saint Mary's Hospital Foundation and its affiliates are publicly accountable for all fundraising activities, it is required that your proposed event be reviewed and approved by the Foundation before you will be permitted to use the Saint Mary's Hospital Foundation name or logo in connection with your event. If you would like to host a Third-Party Event, you must first submit a request to do so using the form provided within.

### **Team Events**

If you are organizing a team fundraiser (i.e. walk-a-thon, marathon team, bike-a-thon, etc.), Saint Mary's Hospital Foundation has teamed up with gofundme to keep track of your donations and to entice others to join your team to meet your goals. To set up your team fundraiser, go to <https://charity.gofundme.com/saintfrancishospital2>.

**Saint Mary's Hospital Foundation**

Saint Mary's Hospital Foundation is grateful to all those businesses, organizations and/or individuals who seek to conduct a third party event in support of our Foundation.

Protecting our hard earned reputation by being associated with quality third party events is more important than the incremental funds raised by those events. With this in mind, the undersigned agrees to the following when conducting third party events to benefit Saint Mary's Hospital Foundation.

1. The business/organization/individual will not open any bank accounts using the Saint Mary's Hospital Foundation name or Taxpayer Identification Number (TIN). Any check donations listing the Foundation as "Payee" will be forwarded to the Foundation at the address below for deposit in a Foundation bank account.
2. Only donations made directly to Saint Mary's Hospital Foundation are tax deductible (to the extent permitted by law). Donations made directly to a third party event can thus, be used to cover the event's expenses, but they are not tax deductible.
3. Due to limited personnel resources, the Foundation cannot provide staff support to third party events unless arranged in advance.
4. The business/organization/individual agrees to minimize expenses related to the third party event.
5. The business/organization/individual agrees to an "open book" policy, and to provide an event plan and budget, if requested.
6. Any use of the Saint Mary's Hospital Foundation or any of its affiliates name(s), logo(s), or stationary in any mailing, advertising, or for the media must receive prior approval from the Foundation.
7. The Foundation will not enter into any agreement with a business/organization/individual when there is a potential conflict of interest with the Saint Mary's Hospital Foundation and any of its affiliates programs and policies.
8. All fundraising is to be conducted for the exclusive benefit of the Foundation. Any variance must be approved by the Foundation advance of the event.
9. The Foundation does not release volunteer or donor names.
10. All third party event organizers are responsible for providing insurance as required by law, or established business practice.
11. A check for the third party event's net proceeds (i.e. gross proceeds less all related expenses), must be delivered to the Saint Mary's Hospital Foundation within 10 days of the event's conclusion.

I individually, or as a representative of the below named business or organization, agree to the above requirements and hereby fully release and agree to hold harmless the Saint Mary's Hospital Foundation and its affiliates, their Officers, Directors, Trustees, agents, employees and representatives, successors and entities, together with their insurers, of and from any and all liability, claims, damages, expenses or causes of action for any reason.

\_\_\_\_\_  
Name & Date

\_\_\_\_\_  
Saint Mary's Hospital Foundation

\_\_\_\_\_  
Business or Organization (if applicable)

\_\_\_\_\_  
Third Party Event Name

\_\_\_\_\_  
Third Party Event Date



**Third party Event – Event Details**

Today's Date: \_\_\_\_\_

Name of Individual/Organization/Company Planning Event:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ ( ) home ( ) office ( ) mobile Email: \_\_\_\_\_

Name and/or Type of Proposed Event: \_\_\_\_\_

\_\_\_\_\_

Proposed Date/Time of Event: \_\_\_\_\_

\_\_\_\_\_

Please choose one of the following: The event is ( ) Open to the public ( ) Invitation only

Proposed Ticket Price \$ \_\_\_\_\_ Expected Event Revenue: \$ \_\_\_\_\_

Event Beneficiary Information:

Would you like the proceeds of your event to go to a specific program or department, or to the greatest needs of the Health System? ( ) Greatest Needs ( ) Specific Program  
If so, which program or department? \_\_\_\_\_

Would you like to request members of the Saint Mary's Foundation staff to attend your event? ( ) yes ( ) no

Please share why you have chosen Saint Mary's Hospital Foundation as the beneficiary for your event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be publicizing the event? ( ) yes ( ) no

If so, where? \_\_\_\_\_

**INTERNAL USE ONLY**

( ) Approved Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_