



Children's Hospital of The King's Daughters

COMMUNITY FUNDRAISING EVENTS: TERMS OF AGREEMENT

*Thank you for your interest in supporting
Children's Hospital of The King's Daughters*

Children's Hospital of The King's Daughters (CHKD) requests that all groups/individuals wishing to conduct community fundraising events on behalf of the hospital please adhere to the following guidelines:

1. It shall be the primary goal of all proposed events intended as "fundraisers" to raise money for CHKD. All promotional materials should clearly state the percentage of proceeds and/or the portion of the ticket price that will benefit CHKD.
2. Events benefiting CHKD should keep in mind the hospital's mission, vision, and values. We appreciate the community's interest in supporting our children and reserve the right to deny applications for fundraising activities that do not support our mission or project a positive image of CHKD. All aspects of approved events must be reflective of CHKD's reputation as a family-centered institution.
3. The use of CHKD's name and/or logo for publicity and fund raising purposes by community groups/individuals is allowed only by written permission through the Community Relations Department. Event names may not incorporate CHKD's, as in "CHKD Swim-a-Thon," but may use a second line identifying the relationship with CHKD, such as "Smith School Swim-a-Thon, benefiting CHKD."
4. CHKD must review and approve all promotional materials including but not limited to, advertising, letters, brochures, flyers, press releases and website content prior to production, posting, or distribution.
5. All costs or liability associated with community sponsored special events are the responsibility of the sponsoring group/individual and are not a responsibility of CHKD.
6. **By completing this form, you agree that the proceeds will be presented to CHKD within 30 days of the event, unless otherwise agreed to prior to the event. All expenses and other monetary transactions for the special event will be handled by the sponsoring group/individual.**
7. CHKD will return a signed copy of this agreement to you upon approval of your event. Thank you for thinking of the children at CHKD.

To support your event, CHKD can:

- Offer some advice on event planning
- Provide a letter of authenticity
- Provide tax receipts, in accordance with IRS rules and regulations to donors who make checks payable to "Children's Hospital of The King's Daughters"
- Provide participant and sponsor in-kind "thank you" letters (will not contain any tax information)
- Post event on CHKD online Events calendar.

To support your event, CHKD cannot:

- Guarantee on-site staff, physicians, patients or volunteers at event
- Share Hospital mailing lists, including donors, physicians, employees, or volunteers
- Provide funding or reimbursement for expenses
- Provide insurance coverage
- Sign vendor contracts
- Solicit sponsors or provide auction items or prizes

Please sign that you have read, understood, and agree to the above guidelines

X _____ Date: _____



Children's Hospital of The King's Daughters

COMMUNITY FUNDRAISING EVENTS: PROPOSAL FORM

(To be completed by sponsoring organization/individual)

NAME OF EVENT/PROMOTION: _____

DATE & TIME OF EVENT: _____

Location of event: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact Person: _____

Address: _____

Telephone numbers: (Home) _____ (Work/cell) _____

Event website (if applicable): _____

Is this fundraiser open to the public? YES NO Admission fee: \$ _____

Event/Project Description:

Proposed marketing materials/activities (including posters, flyers, mailings, and web content):

How will the organization use CHKD's name and/or logo to promote the program/event? **

***CHKD must review and approve all marketing materials which include our name and/or logo.*

Will any organization, other than CHKD, benefit from this event? Please list the names of these organizations and how they will benefit (shared % of proceeds).

Projected donation to CHKD: \$ _____ *(See Budget Proposal Below)*

Signature for submitting organization/individual

Title

Date



Children's Hospital of The King's Daughters

COMMUNITY FUNDRAISING EVENTS: BUDGET ESTIMATE

INCOME (Please itemize)

Ticket sales \$ _____
 Concessions \$ _____
 Sponsorships \$ _____
 Other income \$ _____
 _____ \$ _____
 _____ \$ _____

EXPENSES (Please itemize)

Rent \$ _____
 Food \$ _____
 Printing \$ _____
 Other Fees \$ _____
 _____ \$ _____
 _____ \$ _____

Total projected income: \$ _____

Total projected expenses: \$ _____

Thank you for thinking of the children at CHKD.

Please return completed form to:

Children's Hospital of The King's Daughters
 Community Relations Department
 601 Children's Lane Norfolk, VA 23507
 (757) 668-7070 phone (757) 668-7420 fax
events@chkd.org

Approved by: _____
 CHKD authorization

Date: _____

For internal use only:

D2 entered _____ Posted: _____ Payment received: _____