

# Community Fundraising Events



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

**Please adhere to the following guidelines as you organize your fundraising event:**

**Support our mission.** Fundraising activities must reflect CHKD’s reputation as a family-centered institution. Only events that support our mission and project a positive image of CHKD will be approved. Please keep in mind that the primary goal of all proposed fundraisers is to raise money for CHKD.

**Event naming.** To use CHKD’s name or logo, you must have written permission from the Development Department. Please do not incorporate event names with CHKD, such as “CHKD Swimathon.” Instead, use “Smith School Swimathon, benefiting CHKD.”

**Promotional materials.** CHKD must review and approve all promotional materials before production or distribution. This includes, and is not limited to: website and social media content, advertising, letters, brochures, flyers, and press releases. Materials must state the percentage of proceeds or the portion of the ticket price to benefit CHKD.

**Expenses and liability.** All expenses and other monetary transactions for the fundraising event will be handled by the sponsoring group or individual. CHKD is not responsible for any costs or liability associated with community-sponsored events.

**All proceeds will be presented to CHKD within 30 days after the event,** unless otherwise agreed to prior to the event.

**Please send all proceeds to:**

Children’s Hospital of The King’s Daughters  
Development Department  
601 Children’s Lane  
Norfolk, VA 23507

***I have read, understood, and agree to the guidelines.*** \_\_\_\_\_ ***Initials*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

## TO SUPPORT YOUR EVENT, CHKD CAN:

- 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 in-kind “thank you” letters (without tax information).
- Post event on CHKD online events calendar.

## PLEASE NOTE, CHKD CANNOT:

- Guarantee staff, patients, or volunteers at event.
- Share hospital mailing lists, including donors, physicians, employees, or volunteers.
- Provide funding or reimburse expenses.
- Provide insurance coverage.
- Sign contracts.
- Solicit sponsors or provide auction items or prizes.



# Community Fundraising Event Form

Name of event \_\_\_\_\_

Date and time of event \_\_\_\_\_

Location (venue name) \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Organization name \_\_\_\_\_

Contact name \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Telephone numbers \_\_\_\_\_  
Home Work Cell

Email \_\_\_\_\_

Event website (if applicable) \_\_\_\_\_

Is this fundraiser open to the public?  Yes  No

Ticket price/admission fee \$ \_\_\_\_\_

Event description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will funds for CHKD be collected (i.e. ticket sales, raffles, % of sales, straight donations, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed marketing materials/activities (including posters, flyers, mailings, and web/social content) \_\_\_\_\_  
\_\_\_\_\_

How will the organization use CHKD's name and/or logo to promote the 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 (include shared percentage of proceeds) \_\_\_\_\_  
\_\_\_\_\_

Projected donation to CHKD \$ \_\_\_\_\_

Name of person submitting form \_\_\_\_\_

