THIRD-PARTY FUNDRAISING
EVENT GUIDELINES AND
APPLICATION

Thank you for your interest in hosting an event to benefit Children’s Miracle Network Hospitals®. We are always grateful for the generous support of people like you who share our commitment to improve the health and well being of our communities. Your generosity is what enables us to support local children.
Here are some guidelines to help you as you plan your event. We’ll work with you to ensure the best possible outcome for your event by approaching donors in a coordinated way.

1. If you, your business or organization wish to host an event benefiting Children’s Miracle Network Hospitals®, please complete an event application. Children’s Miracle Network Hospitals’ Development Office will review and send you approval.

2. Until we can review and approve your event application, please do not make any public announcements or promote the event in any way.

3. Please submit your application at least 10-12 weeks in advance of the proposed event date. Remember, applications for annual events need to be re-submitted each year.

4. Events should fit the mission and image of Children’s Miracle Network Hospitals®.
   
   Our mission is to improve the lives of patients and our larger community through medical education, research, outreach and philanthropic support of Gundersen Health System.

5. We may not be able to give you the go-ahead for your event if it competes or conflicts with an already established event benefiting Gundersen Health System.

6. All event materials and publicity, such as advertising, press releases, posters, fliers, buttons and t-shirts, with Children’s Miracle Network Hospitals® name and/or logo have to be reviewed and approved in advance by the Development Office.

7. Children’s Miracle Network Hospitals® is the beneficiary, not the sponsor or host, of any benefit events. Publicity should list the name of the event followed by “…to benefit Children’s Miracle Network Hospitals™.” If your gift is designated for a particular Foundation program or service, please list that as the beneficiary (e.g., “…to benefit the Carilee Fund of Children’s Miracle Network Hospitals™”).

8. Inform the public how Children’s Miracle Network Hospitals® will benefit from the event. If the Foundation will not receive 100 percent of the net proceeds, state the exact percentage or amount on all related publicity.

9. If another organization, in addition to Children’s Miracle Network Hospitals®, will benefit from the event include that on your application.

10. Solicitation of businesses that use the Children’s Miracle Network Hospitals® name and/or logo(s) needs to be approved in advance by the Development Office. Many businesses already support Children’s Miracle Network Hospitals® and may not wish to make additional donations.

11. The event organizer is responsible for all expenses.

12. Children’s Miracle Network Hospitals® cannot be responsible for event ticket sales, sponsorships or assisting with sales of a product for fundraising activities.

13. Children’s Miracle Network Hospitals® cannot provide state tax exemption for event-related purchases.

14. Children’s Miracle Network Hospitals® cannot guarantee on-site event attendance by employees, patients, physicians or volunteers.

15. Funds should be collected and forwarded to the Foundation within 30 days of your event or promotion along with a copy of the event contract. Please make your donation in a lump-sum check made payable to:

   Children’s Miracle Network Hospitals®
   Gundersen Medical Foundation, C03-006
   1836 South Ave., La Crosse, WI 54601

16. Don’t forget to obtain any necessary permits, insurances and licenses (such as raffle and liquor licenses).

17. Children’s Miracle Network Hospitals® and all related entities cannot assume any type of liability for your event.

18. If circumstances warrant (e.g., any illegal actions, negative exposure, etc.), Children’s Miracle Network Hospitals® may request that you cancel the event and release Children’s Miracle Network Hospitals® and its officers and employees from any and all liability.

Children’s Miracle Network Hospitals® can help support your event

- Provide a letter of authorization to be used to validate the authenticity of the event.
- Provide and approve use of logos.
- Attend the event or check presentation, as schedule allows.
- Assist donors in directing contributions toward areas of special interest or areas of need within Gundersen Health System.
- Promote the event on the Children’s Miracle Network Hospitals® website and other appropriate internal media resources. We must receive promotional information at least four weeks prior to your event.
- We may be able to provide gift receipts for tax purposes to donors who make tax-deductible contributions payable to Children’s Miracle Network Hospitals®. We cannot provide gift receipts for non-gift transactions, such as ticket sales, purchases, raffle tickets, etc.
- Payments made partly as a gift and partly in consideration for goods or services the donor received, may receive a receipt for the gift amount only; the value of the goods or services received are not tax-deductible. We will need to discuss in detail before the event.
CONTACT INFORMATION

Today’s date __/__/__
Name of group/company planning event ____________________________________________
Name of individual responsible ______________________________________________________
Mailing address _________________________________________________________________
City ___________________ State ______ Zip ________
Email address ____________________________
Organization’s website ____________________________
Phone ____________________________
Alternative phone ____________________________
Fax ____________________________
Briefly describe your organization ____________________________________________

Is your organization □ Nonprofit □ For profit

Why did you choose Children’s Miracle Network Hospitals® to be the beneficiary of your event? ____________________________________________

Have you held a fundraising event before? □ Yes □ No
If yes, list the most recent fundraising event you worked on and its beneficiary. ____________________________________________

What support, if any, will be requested from Gundersen Medical Foundation? ____________________________________________

EVENT INFORMATION

□ One-time event □ Annual event □ Ongoing project

Name of proposed event. ____________________________________________
Briefly describe your event. ____________________________________________

Date __/__/__ Time ____________________________
Location ____________________________
Is the event □ Open to the public □ By invitation only

Have you formed a committee to help organize this event? □ Yes □ No
If no, who will support you in your efforts? ____________________________________________

Is Children’s Miracle Network Hospitals® the sole beneficiary? □ Yes □ No
If no, please list other beneficiaries. ____________________________________________

How will the funds be raised? □ Ticket sales □ Sponsorships*
□ Auction/Raffle □ Other ____________________________
* Please attach information on sponsorships including full amount of sponsorships and fair market value of goods and services received. Monies given to purchase tickets, auction items, raffle tickets, food, etc. are not considered charitable gifts.

Who will you solicit? □ Friends □ Family □ Clients
□ Co-workers □ Others ____________________________

Local businesses (list businesses to be solicited for event)
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

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How will expenses be paid?
☐ From proceeds  ☐ By event organizer

Anticipated total funds raised
$ _____________

Anticipated total expenses
$ _____________

Anticipated donation to Children’s Miracle Network Hospitals®
$ _____________

Where would you like your funds directed? ________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

How will you promote this event? ________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

☐ I agree that Children’s Miracle Network Hospitals® will receive proceeds from the event within 30 days of the event.

☐ I agree that all printed materials and publicity for the event must be approved by Children’s Miracle Network Hospitals® prior to being released, posted online, printed, etc.

☐ I have read the Guidelines and Application for Fundraising Events for Children’s Miracle Network Hospitals® and agree to follow them as stated.

Print name ________________________________

Signature of applicant ________________________________

Date ________________________________

PLEASE RETURN FORM TO:
Children’s Miracle Network Hospitals®
Gundersen Medical Foundation, C03-006
1836 South Ave., La Crosse, WI 54601

For Development use only:

Approved by ________________________________

Date approved ________________________________

If you have any questions or would like more information about organizing a fundraising event to benefit Children’s Miracle Network Hospitals®, please contact the Development office at (608) 775-4424 or (800) 853-6889.
**A MIRACLE WITH A MISSION**

When you donate to Children’s Miracle Network Hospitals, your entire donation stays local. Every dollar goes to where it’s needed most—research, life-saving equipment, therapeutic programs and charitable care to save and improve the lives of as many children as possible.

**STEPS FOR ORGANIZING A SUCCESSFUL EVENT OR PROMOTION**

1. **Find something you’re passionate about**
   Building on something you love will not only make the event planning easier, but it will also ensure you will have fun doing it.

2. **Establish details**
   The type of event you choose should fit the size, interest, talents, goals and time availability of your committee. Think date, time, venue, anticipated guests and theme. Avoid major holidays, school vacations and other events as this may affect attendance. Give yourself and your committee plenty of time to plan and promote the event.

3. **Develop a budget**
   How much will it cost for supplies? Will there be a charge for the room/hall/event space? What can you get donated? These are just a few questions you will need to figure out as you develop your event. We are here to help you if you have questions.

4. **Involve family and friends**
   Planning an event can take a lot of time and effort. Don’t do it alone. Get friends and family to help. Sharing responsibilities will boost the fun and impact of your fundraiser.

5. **Don’t forget to apply**
   Once you have a plan and you are ready to take the next step, apply to Children’s Miracle Network Hospitals’ Development Office. Your application lets us know what type of fundraiser you’re planning so we can guide you appropriately.

6. **Promote and publicize**
   Develop a plan for generating buzz. Local newspapers and magazines are great, but don’t forget your church or employer bulletins. Distribute flyers in your neighborhood and local businesses. Use social media sites like Facebook, Twitter and LinkedIn to promote the event. Don’t forget to talk it up to friends, neighbors, co-worker and fellow club members! Word-of-mouth can sometimes be your best advertising.

7. **Conduct your fundraiser**
   Now it’s time for all your hard work to pay off! Remember to have some fun yourself and enjoy the fruits of your labor. You’ve earned it!

8. **Collect the funds**
   All funds should be collected and forwarded to the Foundation within 30 days of your event or promotion.

9. **Thank you**
   It’s important to thank your donors and volunteers. We suggest you send your thank you letters or cards within one week of your event.

10. **Consider making your fundraiser an annual event**
    Organize a follow-up meeting with your committee to discuss and evaluate your event. Discuss with your committee members and volunteers what worked and what did not so you are better prepared for next time. We hope you consider making your successful event an annual event to benefit Children’s Miracle Network Hospitals®.

    We ask that annual events re-register every year to help our team provide as much support to you as possible.

    **So, take the first step. Complete the proposal form and return it to:**

    Children’s Miracle Network Hospitals®
    Gundersen Medical Foundation, C03-006
    1836 South Ave., La Crosse, WI 54601

    If you have any questions or would like more information about organizing a fundraising even to benefit Children’s Miracle Network Hospitals®, please contact the Development office at (608) 775-4424 or (800) 853-6889.
1 | What is a fundraising event?
   A fundraising event is an organized activity or social function held for the purpose of raising money for a charitable organization. Fundraising events range from dinners to walkathons.

2 | When will I know if my fundraiser is approved?
   Most community fundraising activities are approved within 10-14 days of receiving the application. Make sure to fill in all the fields on the application to help avoid delays.

3 | Can we use the Children's Miracle Network Hospitals® name and logo?
   Once your fundraiser is approved, we will provide you with the appropriate logo for your marketing materials. We must review everything with our name and logo before it's printed, posted online or distributed.

4 | Can someone from Children's Miracle Network Hospitals® attend and/or speak at my event?
   Because of the large demand on clinical and support staff time, we can't guarantee attendance of physicians or staff at your fundraiser.

5 | Can I use Children's Miracle Network Hospitals®’s 501(c)(3) federal tax identification number?
   If a business makes a donation to your event and they require proof of Children's Miracle Network Hospitals®'s tax-exempt status, we can supply this directly to them.

6 | Do I need to create a 501(c)(3) (non-profit) organization to host a fundraiser for Children's Miracle Network Hospitals®?
   Anyone can host a fundraiser for Children's Miracle Network Hospitals® with our approval. If you are currently with an organization that claims 501(c)(3) status and people make donations payable to your organization, Children's Miracle Network Hospitals® cannot provide them with a charitable tax receipt.

7 | Can Children's Miracle Network Hospitals® issue gift receipts to my donors for tax purposes?
   Contact us prior to the event to discuss. Since you are not an agent of the Foundation, you may not issue gift receipts for donations made to Children's Miracle Network Hospitals®.

   We cannot provide gift receipts for non-gift transactions, such as ticket sales, purchases, raffle tickets, etc. We will issue receipts for gifts only. The value of goods or services the donor received are not tax-deductible. **We will need to discuss in detail before the event.**

8 | Are there any guidelines regarding sponsorships and in-kind donations?
   Having a sponsor is a great way to offset the costs of your fundraiser. Over the years, Children's Miracle Network Hospitals® has developed relationships with businesses and vendors in our community. To avoid duplicate solicitations, please notify our Development Office before asking area businesses or vendors for sponsorship, donation, cash or in-kind gifts. If you are not with a 501(c)(3) status organization, please do not promise a charitable tax receipt.

9 | Does Children's Miracle Network Hospitals® provide event insurance?
   Because Children's Miracle Network Hospitals® is the beneficiary and has no direct involvement with running the fundraiser, we do not provide event insurance. The fundraising coordinator is responsible for obtaining all required permits and certificates of insurance.

10 | Should I send a personal thank you letter or card to my donors?
   Definitely! It is important to thank everyone who was involved with your fundraiser. We suggest you send a thank you letter or card within one week after your fundraiser. Don’t forget to thank your volunteers and committee members, too!