FUNDRAISING PROJECT AND EVENT PROPOSAL GUIDELINES

These guidelines have been prepared for individuals, organizations and other groups interested in planning an event or fundraising project benefiting Friends of Children's Hospital.

Friends of Children's Hospital has the right to approve fundraising projects and events to ensure they represent the organization appropriately and uphold our mission and image.

The use of the Friends of Children's Hospital logo and name may be used only after Friends of Children's Hospital has granted approval. All printed materials and other publicity to be published with the logo or name must be submitted for review and approval by an authorized Friends of Children's Hospital representative prior to printing and distribution.

In naming the event, Friends of Children's Hospital should be used as the beneficiary of the net proceeds. For example: (Event name) benefiting Friends of Children's Hospital. If there will be co-beneficiaries, please note on the attached form.

If an organization plans to solicit contributions, sponsorships or in-kind gifts from businesses, the list of potential business sponsors should be reviewed and approved by the Executive Committee of Friends of Children's Hospital prior to approaching such sponsors.

The organization can provide you with logos, photographs and patient stories if needed. If approved, your event can be promoted on the Friends website, in the newsletter and such related materials. If scheduling permits, board representation may be available for the event.

We ask that all net proceeds be submitted to Friends of Children's Hospital within 45 days. If you would like to schedule a check presentation to deliver your funds, please contact Melanie Schade, otherwise, funds can be made payable to and mailed to:

Friends of Children's Hospital
Department of Pediatrics
2500 North State Street
Jackson, MS 39216

Please contact the Friends office at 601-984-5273 with any questions.

EVENT PROPOSAL FORM
NOTE: APPLICATION MUST BE APPROVED BY FRIENDS OF CHILDREN'S HOSPITAL PRIOR TO PUBLICIZING OR HOLDING EVENT

(Please attach additional sheets if necessary to provide complete explanation/information)

Name of group or company planning project/ event: _____
Contact Person:_____Title:_____
Mailing Address:_____
Daytime Phone: _____ Alternative Phone:_____ Fax: _____
Email:_____
Briefly describe your organization _____
_____
_____
Briefly describe the project/ event: _____
_____
_____
Are there other beneficiaries besides Friends of Children's Hospital? _____ Yes _____ No
If yes, please explain:_____
How will the funds be raised?

_ Ticket sales
_ Sponsorships
_ Auction
_ Other (Please explain):_____

Who will you solicit? _ Friends _ Clients _ Family _ Other**:** _____
How will you promote this project/ event? _____
_____
Do you have a special reason for wanting to support Friends of Children's Hospital? _____
_____
_____

Estimated total costs of project/ event: _____
Estimated revenue of project/ event: _____
Estimated net income of project/ event: _____

How will expenses be paid? ___ From proceeds _____ By project/ event organizer
Estimated amount to be given to Blair E. Batson Hospital for Children:_____
Does your company plan to match the amount you raise? ___ Yes ____ No
For proposed events only: 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?_____
_____
Would you like a hospital representative to attend the event (scheduling permitted)? ____ Yes _____ No
Signature of applicant:_____ Date:_____
Print name:_____

PLEASE RETURN FORM TO:

Friends of Children's Hospital
Department of Pediatrics
2500 North State Street
Jackson, MS 39216
(601) 815-9334 fax

Your support is greatly appreciated!