



Event Fundraising Policies

The Children's Hospital Foundation strives to improve the health of children through its support of research and education at the Oklahoma Health Center. The Children's Hospital Foundation is the only non-profit organization in Oklahoma whose sole focus is the advancement of pediatric research and education while supporting specialized clinical care for Oklahoma's children. Children's Hospital Foundation is a proud affiliate of Children's Miracle Network Hospitals. All money raised stays in Oklahoma so children will have access to exceptional pediatric specialists without having to leave the state.

We appreciate your interest in holding a fundraising event to help us continue caring for Oklahoma's children. Below are our guidelines to help ensure a positive experience for all and to permit you to use the Children's Hospital Foundation and Children's Miracle Network Hospitals names.

1. Any fundraising event that involves the use of the Children's Hospital Foundation and/or Children's Miracle Network Hospitals name(s) or refers to the Foundation in any way **must be approved** by the Executive Director.
2. The "Fundraising Application Form" must be completed, filed and approved by the Children's Hospital Foundation office before the event can occur.
3. **All advertising copy and promotional materials must be submitted to the Foundation for approval prior to production.** This includes invitations, news releases, public service announcements, posters, banners and flyers, as well as the use of the Children's Hospital Foundation and/or Children's Miracle Network Hospitals names or logos.
4. Use of the Foundation's name that in any way creates or implies liability for the event by the Children's Hospital Foundation or its agent is prohibited. **Only the following phrases may be used in promotional materials, invitations or advertising copy:**
 - a. "benefiting Children's Hospital Foundation"
 - b. "benefiting Children's Hospital Foundation through Children's Miracle Network Hospitals"
 - c. "proceeds to benefit Children's Hospital Foundation"
 - d. "proceeds to benefit Children's Hospital Foundation through Children's Miracle Network Hospitals"
 - e. "_____ percent of sales to benefit Children's Hospital Foundation"
 - f. "_____ percent of sales to benefit Children's Hospital Foundation through Children's Miracle Network Hospitals"
5. **The Children's Hospital Foundation cannot assist with solicitation efforts for donations, attendees or volunteers.**
6. The Children's Hospital Foundation shall incur no costs for the event. All expenses, including liability insurance or underwriting, must be provided by the sponsoring organization.
7. Banners on loan for an event must be returned to the Foundation office no later than 7 days after the event. (Office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.) If the banner is lost or destroyed, you will be responsible for replacing it at an estimated cost of \$200.
8. After the event, checks should be remitted to Children's Hospital Foundation or Children's Miracle Network Hospitals within 30 days.

Please sign and date to indicate that you have read and accept the above policies and procedures. Return this signed agreement with your application. Thank You!

Signature: _____ Date: _____



Event Fundraising Application Form

Thank you for your interest in supporting Children’s Hospital Foundation. Please complete the following information and return this form along with the “Fundraising Policies” agreement to the Foundation office for review no less than two months prior to the event.

Sponsoring organization/business: _____

Contact Person: _____

Phone: _____ Fax: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Proposed event/promotion (briefly outline/describe the event – use additional sheet if necessary):

Event Date: _____ Event Location: _____

Address: _____ Hours of Event: _____

Participating Sponsors: _____

Projected Income: _____ Projected Donation: _____

Publicity/promotional efforts (please list any scheduled publicity you have arranged):

Assistance requested from Children's Hospital Foundation: (circle all requested)

DVD or Digital Promo Video Banner Logo Representative/Speaker

How did you hear about Children's Hospital Foundation?

Other information:

Signature: _____ Date: _____