



Community Fundraiser and Event Proposal Guidelines

Texas Children's Hospital supports excellence in patient care, education and research with a commitment to quality service and cost-effective care to enhance the health and well-being of children locally, nationally and internationally.

Given the seriousness of this mission, we take precautions to safeguard the integrity of the institution. These guidelines have been prepared for individuals, organizations and other groups interested in planning an event or fundraiser benefiting Texas Children's Hospital.

We give you this information so there are no misunderstandings or disappointments with regard to our ability to support your event or fundraiser. We appreciate your fundraising efforts and thank you for assisting us in upholding our vision and mission.

- The Office of Development has the right to approve those events and fundraisers that represent the Hospital appropriately, uphold our mission and image, and offer net proceeds or an acceptable percentage of net revenue to Texas Children's Hospital. The completed Events Proposal Form must be submitted to the Office of Development at least 30 days in advance of the event for timely consideration.
- The use of the Texas Children's Hospital logo and name may be used only after the Office of Development has granted approval. All printed materials and other publicity to be published with the Texas Children's logo or name must be submitted for review and approval by an authorized Office of Development representative prior to printing and distribution. We ask that no announcement or publicity of any proposed event be made until the Office of Development has given its approval.
- All publicity materials should clearly state that proceeds benefit Texas Children's Hospital. Texas Children's Hospital reserves the right to approve any and all co-beneficiaries.
- Fundraisers involving raffle sales, prior drawings and gambling are prohibited.
- Staff at Texas Children's Hospital will not participate in the sale of event tickets or solicit event sponsorships or in-kind donations. Additionally, this applies to the sale of merchandise (CDs, books, T-shirts, etc.) to benefit Texas Children's Hospital.
- If an organization plans to solicit contributions, sponsorships or in-kind gifts from businesses, the list of potential business sponsors may be requested for review by the Office of Development prior to approaching such sponsors. Texas Children's Hospital does not share its mailing list to third party organizations.
- If funds will be raised online, Texas Children's will work with the point of contact of the fundraiser to determine the best way to collect the proceeds through Texas Children's Ways to Give web site. Use of any third-part sites must be approved by Texas Children's Hospital prior to set up.
- If registrations and/or funds are collected through Texas Children's web site, reports will be provided to the main point of contact in a standard format and frequency and duration will be established at the start of the project. Individual donor's gift amounts will not be provided.

- Typically, hospital representation may be available for the event; however, all requests are considered well in advance of the event. All net proceeds must be submitted to Texas Children's Hospital within 30 calendar days.
- Once form is submitted, please give the Office of Development a minimum of seven days to review your proposal.
- If the proposal is approved by the Office of Development, Texas Children's Hospital, in its sole discretion, may require the fundraising organization to enter into a contract with Texas Children's Hospital to further define the parties' respective obligations for the event before the event may occur.

Funds should be made payable to and mailed to:

Texas Children's Hospital
Attn: Tarryn Lankford
Office of Development
1919 South Braeswood Blvd. Suite 5214
Houston, Texas 77030

Phone: 832-824-2938

Fax: 832-825-1119

Email: txlankfo@texaschildrens.org and communityevents@texaschildrens.org

Thank you for supporting Texas Children's Hospital!



FUNDRAISER AND EVENT PROPOSAL FORM

NOTE: PROPOSAL MUST BE APPROVED BY TEXAS CHILDREN'S HOSPITAL PRIOR TO PUBLICIZING OR HOLDING EVENT.

CONTACT INFORMATION

Name of group or company planning event or fundraiser: _____

Contact Person: _____ Title: _____

Mailing Address: _____

Organization website: _____

Phone: _____ Alternative Phone: _____

Fax: _____ Email: _____

Briefly describe your organization:

EVENT AND FUNDRAISER INFORMATION

One-time event Annual event Ongoing project

Name of proposed event or fundraiser: _____

Briefly describe your event or fundraiser:

Date(s): _____ Time: _____ Location: _____

Is the event: Open to the public By invitation only

Have you formed a committee to help organize this event or fundraiser? Yes No

If no, who will support you in your efforts? _____

Is Texas Children's Hospital the sole beneficiary? Yes No

If no, please list other beneficiaries: _____

How will the funds be raised?

Ticket Sales Online Sponsorships Auction Donations Other _____

Who will you solicit? Friends Family Clients Other: _____

How will expenses be paid? From proceeds By event organizer

Anticipated total funds raised: \$ _____

Anticipated total expenses: \$ _____

Anticipated donation to Texas Children's Hospital: \$ _____

Why have you selected Texas Children's Hospital to receive the funds raised?

Where would you like your funds directed?

- Texas Children's Hospital – The Woodlands**
- Charity Care**
- Surgery**
- Promise Campaign**
- Texas Children's Cancer Center**
- Other** _____

How will you promote this event or fundraiser?

I understand that by Texas State Law, raffles are allowed only if sponsored by a 501C3 organization. Texas Children's Hospital is unable to support a third party raffle.

I agree that Texas Children's Hospital will receive all revenues from the event within 30 days of the event.

I agree that all printed materials and publicity for the event must be approved by Texas Children's Hospital prior to being released, printed, etc.

Print name: _____

Signature of applicant: _____ Date: _____

PLEASE RETURN FORM TO:

Tarryn Lankford
Texas Children's Hospital
1919 South Braeswood Blvd., Suite 5214
Houston, Texas 77030
832-825-1119 (fax)
communityevents@texaschildrens.org

For Hospital use only

Approved by: _____ Date approved: _____ RE #: _____