Welcome!

Thank you for your interest in the Children’s Hospital of Alabama…where every child is special. By choosing to support our hospital, you are choosing to provide a better future for the children of Alabama. Children’s enhances the lives of thousands of children annually by providing world-class patient care, research and education. We are a 275-bed facility that cares for medical and surgical cases ranging from newborns to typically children 19 years of age. Our system includes primary care physicians, pediatric specialists, educators and child advocates. Children’s will turn 100 years old in 2011 and with your fundraising help, we will boldly enter our second century of caring for kids.

We are very thankful for your desire to help raise funds for Children’s Hospital of Alabama. To help ensure the success of your event or project, the hospital has established Fundraising Guidelines and Policies. Before filling out the attached Event Application Form, it is vitally important that you review these guidelines set forth by the hospital.

1) Review the Guidelines and Policies document to confirm that your event can be sanctioned to benefit Children’s Hospital of Alabama.

2) Complete the Fundraising Application document, providing as many details as possible and attaching supporting documents as necessary.

3) Please be aware that when you sign the Fundraising Application you are acknowledging that you agree to follow the Guidelines and Policies as stated.

4) If you have any questions or concerns after reading these documents, please contact your Children’s Hospital Event Contact at (205) 939-9956 or misty.farmer@chsys.org.

5) Return the completed Fundraising Application and supporting documents to the address indicated. Your application will be reviewed by the Children’s Hospital Fundraising Application Committee and a decision will be made within 7 working days of application receipt as to the approval or denial of your event. The acceptance of your event or project gives your organization or group the right to state that your event will benefit Children’s Hospital of Alabama. But please remember that Children’s Hospital reserves the right to review all promotional materials used to publicize your event or project prior to use.
Children’s Hospital Fundraising Guidelines & Policies

A fundraising event or project hosted by an individual or group in the community to benefit Children’s Hospital of Alabama (Children’s) should always keep in mind the hospital’s mission, vision and values and should not include any aspect that would potentially detract from these important standards and jeopardize Children’s Hospital’s positive reputation and community goodwill.

1) All community fundraisers, projects and events must be approved and sanctioned by Children’s Hospital of Alabama and must be re-approved each year if an event becomes an annual fundraiser.

2) Community fundraisers, projects and events must be financially self-sustaining without any financial contribution or financial risk from Children’s.

3) All corporate sponsors must be pre-approved by Children’s to ensure that there are no conflicts with donors currently supporting other hospital events or hospital programs or divisions.

4) For gift recognition and tax receipting purposes, please send your donation to your Children’s Hospital Event Contact within 30 days of completion of your event or project. If your event occurs within the 4th quarter and you wish your gift to be receipted that calendar year, we must receive it by December 31 of that year.

5) If it becomes necessary, because circumstances warrant, and a fundraising event or group violates Children’s Hospital’s stated policies, Children’s may opt out as the beneficiary of said event or project at any time with no obligation.

6) Community fundraisers, event and projects must comply with the following:

   a.) Companies, groups or businesses with public images that have the potential to compromise the community’s goodwill toward Children’s or conflict with Children’s mission, vision and values, may not be major or presenting sponsors of beneficiary events and may not promote their products or services through advertising or other event exposure. This includes alcohol, tobacco, firearms, ATVs and others with similar products that do not support the health and well-being of children.

   b.) Children’s will not be associated with a project or event that includes telemarketing in its fundraising plan.

   c.) Children’s will not be associated with a project or event that includes a raffle of any kind (since these are illegal in the state of Alabama).

   d.) All community fundraising projects or events that require promotional visibility (i.e. invitations, ads, fliers, brochures, etc.) must have these materials approved by Children’s before using the Children’s Hospital logo and name.

   e.) To be considered for approval, 100% of the net proceeds from a fundraising event or project must benefit Children’s Hospital. But Children’s reserves the right to consider exceptions to this policy depending upon the identity of other benefiting charity(s) and the proposed allocation of funds between beneficiaries.

   Important note: As a general guideline, an event’s expenses should not exceed one-half of the net amount donated to a charity.

   f.) An estimate of the projected donation amount should be provided to Children’s Hospital prior to hosting an event or project.
Children’s Hospital Fundraising Guidelines & Policies

To support your event, Children’s can:
- offer advice on event planning.
- if time allows, offer a hospital staff person to appear at the event or at check presentation.
- provide a Children's Hospital banner for use at your event.
- provide a letter or support to validate the authenticity of the event or project and its organizers.
- list your event on our website’s new Children’s Hospital Calendar of Events.
- provide pre-produced hospital patient stories on DVD for event usage and in some cases, assist with a live patient family appearance at the event.
- acknowledge event organizer for direct contributions to the hospital.
- in some cases, if publication deadline allows, mention your event or fundraiser in appropriate hospital publications and/or on our website and/or other in-hospital electronic means.
- approve the use of Children’s name and/or logo for your use. (Reminder: You must obtain permission from your Children’s Hospital Event Contact to use the hospital’s name and/or logo. Also, all printed materials must be approved before they are distributed.)

To support your event, Children’s cannot:
- release donor, volunteer, employee or physician or other mailing lists for the purpose of additional solicitation of funds from outside groups.
- allow hospital staff to solicit monetary or in-kind sponsors or donors on your event’s behalf.
- offer funding for an event or reimburse event organizers for expenses incurred to put on an event.
- guarantee promotion of your event or fundraiser in hospital publications, on our website or by other in-hospital electronic means.
- be responsible for selling tickets to your event.
- guarantee hospital staff or patient family attendance at your event.
Children’s Hospital Fundraising Event Application

Contact Name: ____________________________________________

Company or Organization: _________________________________________

Address: _____________________________________________________________

Daytime Phone: ___________________________ Evening Phone: ________________

Other Phone: ___________________________ E-mail: ____________________________

Name of event and a detailed description (include date, time and location). If necessary, attach additional sheets for most detail.

______________________________________________________________________

Is the event a public appeal for: (check all that apply)

_____ tickets _____ funds _____ sale of commodities (specify what you want to sell)

Is your organization: (check one) ___ non-profit ___ for profit

Estimate your donation to Children’s: _______________________________________

What, if any, support will you be requesting from Children’s?
(i.e. staff attendance, families, logo usage, etc.) ___________________________________

What, if any, is your plan for publicity for your event? __________________________________

______________________________________________________________________

NOTE: All promotional materials using the Children’s Hospital name or logo must be approved prior to distribution!

Do you plan for this to be an annual event benefiting Children’s? ________________

Why did you choose Children’s Hospital as your event’s beneficiary? ____________________________________________________________

______________________________________________________________________

Have you done special events before for charities? (check one) ___ yes ___ no

If yes, what is the most recent event/project you sponsored and who was the beneficiary? ____________________________________________

Date of event: _________________________________________________________

Beneficiary contact name and phone number: ________________________________

______________________________________________________________________

I have read the Fundraising Guidelines and Policies and agree to follow them as stated.

Signature: ____________________________________________________________

Thank you so much for your interest in helping our patients!

When you have completed this form, attach all supporting documents including (if available) event budget, information about your organization, drafts of printed promotional pieces that will include Children’s Hospital’s name or logo, etc and mail all of information along with this form to:

Misty Farmer
Children’s Hospital
Phone: (205) 939-9956 • E-mail: misty.farmer@chsys.org
Children’s Hospital Fundraising Event Application

Children’s Hospital of Alabama’s Community Development Department
Release, Hold Harmless and Indemnification Agreement

**This agreement must be signed and returned to the hospital by any group or individual that organizes a fundraising event or promotion for the benefit of Children’s Hospital.**

For valuable consideration, including the consent of Children’s Health System (hereinafter “Children’s”), whether doing business as: Children’s Health System, The Children’s Hospital of Alabama or Alabama Children’s Hospital Foundation, to use the name and/or logo of Children’s in promotional activities or materials, the undersigned, on behalf of the organization identified below, being authorized to do so, does hereby agree to release, hold harmless and indemnify Children’s, their trustees, officers, employees and representatives from any and all liabilities and claims of liability, including, without limitation, suits, claims, damages, costs, defense costs, and/or attorney’s fees of any nature whatsoever, arising out of, or in connection with, the event or activity conducted by the organization identified below in which the name and/or logo of Children’s is used including promotion of such event.

The undersigned agrees and expressly represents that Children’s is not a joint venture or partner with the undersigned organizer in the conduct of the event, that Children’s is not involved in the management, conduct or sponsorship of the event and that Children’s is merely a charitable beneficiary of the proceeds and/or portion of the proceeds derived from the event.

I have read this authorization and waiver, fully understand it and all its provisions and obligations, and sign it willingly as my own free act and deed. By signing below, I indicate my agreement and understanding.

Name of Organization

Signature of Authorized Representative (19 years of age or older)

Printed name of Authorized Representative Date