

Thank you for choosing Yale-New Haven Hospital as the beneficiary of your fundraising. Your efforts are an important part of the philanthropic support that Yale-New Haven Hospital receives each year. We have a team of fundraising professionals who are dedicated to helping you achieve the most success possible. Please feel free to use our staff as a resource to offer advice and answer questions.

This is an application for approval to conduct a fundraiser for the benefit of Yale-New Haven Hospital, Yale-New Haven Children's Hospital or Smilow Cancer Hospital at Yale-New Haven. This information and application have been developed to make this process as efficient and straightforward as possible and to assure the success of your event.

Please make sure your event fits the mission and image of YNHH. After YNHH officially approves your event, you may initiate publicity. Please remember that your event will not be a YNHH event, it will be an event to raise funds **for** YNHH. A suggested way of promoting your fundraiser is "Funds raised will support the work of Yale-New Haven Hospital...."

Please take a moment to complete the following information and return to:

Yale-New Haven Hospital
Office of Development
PO Box 1849
New Haven, CT 06508
Attn: Jessica Scheps

Or fax to, 203-688-8338

One of the most meaningful ways you can help support the mission of YNHH is through an unrestricted donation which is designed to support essential areas of the hospital where funding is needed most. These areas include expanded patient services, facility improvements, community service and education. If however, you are interested in directing your funds to a particular area, we can assist you with this process.

We are grateful for the support of our friends in the community and appreciate your efforts to raise funds on our behalf!



Organizer Information

Name of contact person: _____

Address:

Phone: _____ Fax: _____ Email: _____

Describe your relationship to YNHH (past patient, employee, etc.):

Event Information

Date: _____ Time: _____

Location (city and venue): _____

Briefly describe the event:

What is the cost to attend the event? _____

How will funds be raised? (ticket sales, raffle tickets, silent auction, etc):

What % of the funds will Yale-New Haven Hospital receive? _____

Will any other organization also receive a percentage of the proceeds from this event?

Yes No

If so, what organization? _____

If so, what percentage? _____

Budget Information

Anticipated total revenue: \$ _____

Anticipated total expenses: \$ _____

Anticipated total donation: \$ _____

Policies

Letterhead

Unfortunately, we are unable to provide third party event organizers with Yale-New Haven Hospital letterhead or envelopes. A letter of support, however, can be provided to you if needed. The purpose of this letter is to add validity to the event when soliciting cash or in-kind donations.

Submitting your Donation to Yale-New Haven Hospital

All event proceeds must be submitted to the Manager of Special Events within 60 days of the event. This should be done in a lump sum check made payable to Yale-New Haven Hospital.

Logo Use

The Yale-New Haven Hospital logo will be provided by the Manager of Special Events. Third party event organizers should **not** use the logo if obtained from the internet or an existing document due to its quality/low resolution. All printed materials including press releases, fliers, posters, postcards and the like that mention Yale-New Haven Hospital or contain its logo must be approved by the Manager of Special Events **prior to** the production, distribution, or publication of any materials.

Sponsorships

Due to the nature of our business, Yale-New Haven Hospital is unable to provide you with sponsorship for your event. However, we recognize the importance and need for such support. We can assist you by providing you with a letter of support, as mentioned earlier.

What we can do to help:

- Offer advice and expertise on event planning
- Provide a tour of the hospital for event organizers and volunteers
- Provide a letter of support to validate the authenticity of the event and its organizers
- Provide a written acknowledgement to donors who make checks payable to “Yale-New Haven Hospital.” Written acknowledgements are only issued for gifts of \$10 or more. **Please be aware and communicate with your supporters that the following items are not tax-deductible: ticket purchase, raffle, donations of services, auction purchases.** Tax receipts can only be issued for an outright contribution to your fundraiser. (Due to the complexity of IRS regulations, please call the Manager of Special Events for additional clarification)
- Provide the hospital logo to event organizers
- Approve the use of the hospital name and logo prior to use
- Assist with publicity efforts on a case-by-case basis
- Provide informational materials on Yale-New Haven Hospital
- Coordinate a check presentation to be held at the Hospital. We are not able to guarantee attendance of staff, physicians or patients. Details will be handled on a case-by-case basis.

What we cannot do to help:

- Offer reimbursement for expenses
- Provide a hospital sponsorship
- Solicit for sponsorships, cash donations, or in-kind donations
- Solicit or promote your event to Yale-New Haven Hospital employees
- Share mailing lists of donors, vendors, hospital employees, or patients
- Provide hospital donor information
- Provide staff or volunteers at the event
- Sign vendor contracts
- Provide Yale-New Haven Hospital giveaway items
- Provide images of any patients
- Provide public liability insurance coverage

REMEMBER:

Yale-New Haven Hospital MUST review all materials in which our name and logo appears. If you plan to use the hospital logo, please request the file from the Manager of Special Events.

PROPOSED BY:

Signature of Organizer

Print Name

Date

APPROVED BY:

Jessica Scheps

Manager, Special Events

Print Name

Date

