

## Children's Miracle Network Hospitals® Partner Fundraising Policy



Children's  
Miracle Network  
Hospitals

We are honored you would like to plan a fundraiser for East Tennessee Children's Hospital, your Children's Miracle Network Hospital. Any person or organization who intends to promote a fundraiser to benefit Children's Hospital must adhere to the following guidelines. Please complete the application form 60 days in advance of the event.

### Promotional Materials

- All materials that mention East Tennessee Children's Hospital or imply connection with Children's Hospital including printed material, press releases, media promotions (visual and audio), social networking (Facebook, Twitter, etc.) messages, signage, advertisements, broadcast e-mails, event website and any other form of promotion must be approved before production by the Marketing department at East Tennessee Children's Hospital. **A two-week minimum lead time is required.**
- The event name and graphic representation must be approved in advance by the Marketing department at East Tennessee Children's Hospital.

### Proceeds

- Promotional material for events contributing a portion of the sale of any item to East Tennessee Children's Hospital must state exactly how much (either percentage or specific dollar amounts) is being contributed to Children's Hospital. (E.g., *All proceeds benefit East Tennessee Children's Hospital, 25 cents from every dollar raised will benefit East Tennessee Children's Hospital, or 75 percent of the proceeds benefit East Tennessee Children's Hospital.*)
- East Tennessee Children's Hospital reserves the right to approve or deny any and all co-beneficiaries.
- The proceeds of any approved Children's Miracle Network Hospitals fundraising event for East Tennessee Children's Hospital will be used to support the needs of children's health. Proceeds may not be used to offset an individual's hospital or medical bills or as a gift to an individual or individual family.
- To receive gift credit for the donation from your company, please send one check to East Tennessee Children's Hospital. If you would like individual donors to be credited for their gifts, please collect all checks and submit together. All checks must be made out to East Tennessee Children's Hospital. We cannot reimburse checks made out to East Tennessee Children's Hospital.

### Solicitation

- Before soliciting businesses or individuals for sponsorship levels of \$1,000 or more, you must receive approval from the development department at East Tennessee Children's Hospital.
- As you plan your event, please know that East Tennessee Children's Hospital does not allow community fundraising solicitation of funds through the following:
  - door-to-door soliciting
  - telemarketing
  - the use of vending machines
  - raffles

## Liability Policies

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- Organizer(s) must agree to hold harmless and indemnify East Tennessee Children's Hospital from any liability arising from the event and sign the attached Release, Hold Harmless and Indemnification Agreement with completed application.
- East Tennessee Children's Hospital reserves the right to cancel the event at any time if the fundraiser does not adhere to the institution's fundraising policies.
- The main contact person listed on the initial application must ensure that all necessary permits, licenses and insurance are obtained.

## What You Can Expect From Us

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### East Tennessee Children's Hospital CAN provide:

- A gift recognition letter to all check donors (checks made out to Children's Hospital)
- Event ideas and success stories of other community fundraisers
- Fundraising hints and tips to help you plan your event

### East Tennessee Children's Hospital CANNOT provide:

- Tax exemption for event-related purchases
- Distribution of fliers
- Insurance or liability coverage
- Funding or reimbursement for expenses
- Confirmed attendance at the event by a hospital representative, patient family, volunteers or media
- Mailing list or email list of donors or vendors
- Hospital stationery
- Marketing or advertising services to promote the event
- E-mail blast to hospital employees



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If for any reason event plans change, please notify your Children's Miracle Network Hospitals contact immediately.

# Release, Hold Harmless and Indemnification Agreement

For valuable consideration, including the consent of East Tennessee Children's Hospital to use the name and/or logo of East Tennessee Children's Hospital 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 East Tennessee Children's Hospital, its directors, officers, employees and representatives from any and all liabilities and claims of liability, 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 East Tennessee Children's Hospital is used, including promotion of such event.

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

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Printed Name of Authorized Person

\_\_\_\_\_  
Title of Authorized Person

\_\_\_\_\_  
Date



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## Your Contact Information

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Contact Name: \_\_\_\_\_

Name of sponsoring organization: \_\_\_\_\_

Phone #: (W): \_\_\_\_\_ (C): \_\_\_\_\_ (H): \_\_\_\_\_

Address: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Event Information

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Name of the event: \_\_\_\_\_

Type of fundraiser (dinner, auction, golf tournament, proceeds of sales, donation drive, etc): \_\_\_\_\_

Description of event: \_\_\_\_\_

Is this a public event? \_\_\_\_\_

Event start date: \_\_\_\_\_ Event end date: \_\_\_\_\_

Event start time: \_\_\_\_\_ Event end time: \_\_\_\_\_

Where will the event be held? \_\_\_\_\_

Location: (street address): \_\_\_\_\_

Is registration required \_\_\_\_\_, if so list contact information: \_\_\_\_\_

What is the price/admission for the event? \_\_\_\_\_

How many participants do you expect? \_\_\_\_\_

Will the fundraiser benefit any charity other than Children's Miracle Network Hospitals and East Tennessee Children's Hospital? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, who? \_\_\_\_\_

How will you go about raising funds (ticket sales, product sales, etc.)? \_\_\_\_\_

Are others helping plan the fundraiser? If so, please provide names

\_\_\_\_\_

End date in which fundraiser will stop accepting donations: \_\_\_\_\_

Total expected proceeds to Children's Hospital: \_\_\_\_\_





## Event Promotion Plan

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How will you promote this event?

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Describe how/where you plan to use the East Tennessee Children's Hospital logo:

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Do you agree that all printed material, press releases, media promotions (print, radio and TV), social networking (Facebook, Twitter, etc.) messages, signage, advertisements, broadcast e-mails, event website and any other form of promotion will be approved in advance by the Marketing department at East Tennessee Children's Hospital and understand that a two-week minimum lead time is required for each item submitted for approval?

Yes     No





If for any reason event plans change, please notify your Children's Miracle Network Hospitals contact immediately.

**Please outline your media, marketing, and promotion plan in detail.** (For example do you plan to have media promotion and/or coverage of event? If so indicate which media outlets you plan to approach.) Please check which of the following forms of promotion you will need to have approved prior to the event and the date you plan to submit for approval. Note: Approval takes a minimum of 10 business days. Submitting all promotional materials together for approval will speed the review process.

✓	Expected Deadline for Approval (date)	Placement (for media material, indicate outlet)
<input type="checkbox"/> Printed Material <small>(invitation, flyer, program, tickets, brochure, etc.)</small>	_____	_____
<input type="checkbox"/> Press release	_____	_____
<input type="checkbox"/> Media promotion	_____	_____
<input type="checkbox"/> Social networking	_____	_____
<input type="checkbox"/> *Broadcast e-mail	_____	_____
<input type="checkbox"/> Advertisements	_____	_____
<input type="checkbox"/> Signage	_____	_____
<input type="checkbox"/> Event website	_____	_____
<input type="checkbox"/> Web banner ads	_____	_____
<input type="checkbox"/> Other	_____	_____

*\*Broadcast e-mails cannot come from East Tennessee Children's Hospital and must comply with all CAN-SPAM laws.*

Other details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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## Signed Agreement

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By signing my name below, I state that I have read and agree to the Children's Hospital Fundraising Guidelines and that I understand what the hospital can and cannot provide.

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Event Organizer

Date

The above party has permission to use hospital logo and fundraise on behalf of Children's Hospital in the manner described in the Children's Miracle Network Fundraising policy from date \_\_\_\_\_ to date \_\_\_\_\_.

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Children's Miracle Network Hospitals Representative  
East Tennessee Children's Hospital

Date

Contact Ellen Cole at (865) 541-8437 with questions.  
Please return fully completed application, along with signed liability waiver,  
at least 60 days prior to the event to:

**East Tennessee Children's Hospital  
Development Department  
Children's Miracle Network Program  
P.O. Box 15010  
Knoxville, TN 37901  
Fax: (865) 541-8285**

*Once the application has been reviewed and returned to you with signature, you may proceed with the planning and executing of your fundraiser.*



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