directions

- Read below fundraising guidelines, sign program agreement and complete program application
- Return both pages to: Jennifer Kaczenski – Boston Children's Hospital Trust – 401 Park Drive, Suite 602 - Boston, MA 02215-3354 or Fax to 617-355-6530

After we receive your application, we’ll send you an endorsement letter link to more information regarding Children’s Miracle Network Hospitals events and any additional necessary materials.

fundraising guidelines

It is important for all Children’s Miracle Network Hospitals events to align with the mission and image of Boston Children’s Hospital. Before getting started, please know:

- Fundraisers should compliment the mission and image of Boston Children’s Hospital — that’s why we require all event hosts to submit their idea through our program application.
  
  For instance, events promoting alcohol or tobacco use are not endorsed by Boston Children’s Hospital. If you have questions about your event’s compliance, please contact us.

- For legal reasons, Boston Children’s Hospital may only be identified as the beneficiary. For example, your fundraiser can’t be called Boston Children’s Hospital Ride for the Kids. Instead, it should be called Ride for the Kids benefiting Boston Children’s Hospital.

- Boston Children’s Hospital reserves the right to request additional information prior to approving a fundraiser. Boston Children’s has the right to refuse an application which competes or conflicts with an established Trust run program or event.

- The estimated cost per dollar raised should be 50% or less. Boston Children’s Hospital Trust has maintained an average five year fundraising cost under 23% and strongly encourages coordinators to abide by the same standard.

- The event host is responsible for covering all expenses for the event and will not be reimbursed by Boston Children’s.

- No bank accounts in the name of “Boston Children’s Hospital” can be set up to hold funds from a Children’s Miracle Network Hospitals fundraiser.

- After receiving your program application, we will send you a link to the necessary materials and information for your event.

- The event host is responsible for obtaining any required permits. The event host should also obtain a certificate of insurance for their event. If hosting a raffle or game of chance, please consult your state’s Attorney General site for more information concerning raffle and gaming rules.

- If you are a Children’s Miracle Network Hospitals corporate sponsor (such as Walmart, Rite Aid, Costco) please deposit your funds into your company’s Children’s Miracle Network Hospitals account. If you are a local sponsor or do not have a Children’s Miracle Network Hospitals account, you can send your donation direct to Boston Children’s Hospital – using the above contact information.

- If you are holding a live or silent auction and want your donors to receive a tax receipt from Boston Children’s Hospital, please contact us in advance of your event to discuss the necessary parameters for complying with IRS guidelines.

program agreement

Boston Children’s Hospital Trust must pre-approve all fundraising events and programs conducted on behalf of Boston Children's Hospital. Organizers of Trust approved events will be mailed and/or emailed a letter of endorsement. Notwithstanding such approval, any event material, advertisement or other public media that proposes to use the Boston Children’s Hospital name and/or logo must also be approved in advance and must conform to the Boston Children’s Hospital guidelines. Under no circumstances may an event organizer or any individual associated with the organizer retain any portion of event proceeds.

I HAVE READ AND AGREE TO BOSTON CHILDREN’S HOSPITAL FUNDRAISING GUIDELINES

__________________________________________  ____________________________
Signature of applicant                          Date

____________________________________________
Print name of applicant
**program application**

**event host information:**

Name of group or company planning this fundraiser: __________________________________________

Name of Individual Responsible (if other than you): _______________________________________

**your information:**

First Name: ___________________________ Last Name: ___________________________

Address: _____________________________ City: ___________________________

State: ___________ Zip/ Postal Code: ___________ Email Address: ___________________________

Daytime Phone: ___________ Business Phone Number: ___________ Fax Number: ___________

**the basics:**

Name of the fundraiser/program: _______________________________________________________

Type of fundraiser [for example: Golf Tournament, Dance Marathon, etc.]: _____________________

Fundraising Elements of the program (i.e. live auction, silent auction, % of sales): ___________________________

Promotional Outreach: _________________________________________________________________

Fundraiser Timeframe: _______________________________________________________________

Address: _____________________________ City: ___________________________

State: ___________ Zip/ Postal Code: ___________

**the numbers:**

Will you be sending your funds to:

- [ ] Boston Children's Hospital (Trust)  OR  [ ] through your Children’s Miracle Network Hospitals account

Total Expected Revenue: $__________

Please list all corporations you plan to solicit for cash or in-kind support (products and services):

<table>
<thead>
<tr>
<th>Corporation Name</th>
<th>Contact Person</th>
<th>Contact Email</th>
</tr>
</thead>
</table>

Will your company match the amount you raise? (many corporations match employees; charitable donations; consult your human resource department)

Yes [ ]  No [ ]
