



directions

- Read below **fundraising guidelines**, sign **program agreement** and complete **program application**
- Return both pages to: Jennifer Kaczinski – 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):

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

- Yes No