



FUNDRAISING PROJECT AND EVENT PROPOSAL GUIDELINES

These guidelines have been prepared for individuals, organizations and other groups interested in planning an event or fundraising project benefiting Blair E. Batson Hospital for Children.

- **No announcement or publicity of any proposed event may be made until the Division of Public Affairs has given its approval.**
- The Division of Public Affairs has the right to approve fundraising projects and events to ensure they represent the Hospital appropriately and uphold our mission and image.
- The completed Events Proposal Form must be submitted to the Division of Public Affairs at least 30 days in advance of any event for timely consideration.
- The use of the Blair E. Batson Hospital for Children logo and name may be used only after the Division of Public Affairs has granted approval. **All printed materials and other publicity to be published with the logo or name must be submitted for review and approval by an authorized Division of Public Affairs representative prior to printing and distribution.**
- In naming the event, Blair E. Batson Hospital for Children should be used as the beneficiary of the net proceeds. For example: (Event name) benefiting Blair E. Batson Hospital for Children. If there will be co-beneficiaries, please note on the attached form.
- If an organization plans to solicit contributions, sponsorships or in-kind gifts from businesses, the list of potential business sponsors must be reviewed and approved by the Division of Public Affairs prior to approaching such sponsors.
- The Division of Public Affairs can provide your organization with hospital logos, patient stories, informational materials, fact sheets, and/or canisters to collect money (must be returned). If scheduling permits, hospital representation may be available for the event; however, all requests should be made well in advance of the event on the attached form.
- We recommend that you obtain liability insurance for your event as the hospital's policy will not cover your event.
- We ask that all net proceeds must be submitted to Blair E. Batson Hospital for Children within 45 days. Funds should be made payable to and mailed to:

Blair E. Batson Hospital for Children
Division of Public Affairs
2500 North State Street
Jackson, MS 39216



EVENT PROPOSAL FORM

NOTE: APPLICATION MUST BE APPROVED BY THE DIVISION OF PUBLIC AFFAIRS PRIOR TO PUBLICIZING OR HOLDING EVENT.

Name of group or company planning project/ event: _____

Contact Person: _____ Title: _____

Mailing Address: _____

Daytime Phone: _____ Alternative Phone: _____ Fax: _____

Email: _____

Briefly describe your organization: _____

Name of proposed project/ event: _____

Briefly describe the project/ event: _____

Are there other beneficiaries besides Blair E. Batson Hospital for Children? Yes No

If yes, please explain: _____

How will the funds be raised?

- Ticket sales
- Sponsorships
- Auction
- Other (Please explain): _____

Who will you solicit? Friends Clients Family Other: _____

How will you promote this project/ event? _____

Do you have a special reason for wanting to support Blair E. Batson Hospital for Children? _____

Estimated total costs of project/ event: _____

Estimated revenue of project/ event: _____

Estimated net income of project/ event: _____

How will expenses be paid? From proceeds By project/ event organizer

Estimated amount to be given to Blair E. Batson Hospital for Children: _____

Does your company plan to match the amount you raise? Yes No

For proposed events only: Date: _____ Time: _____

Location: _____

Is the event: Open to the public By invitation only

Have you formed a committee to help organize this event? Yes No

If no, who will support you in your efforts? _____

Would you like a hospital representative to attend the event (scheduling permitted)? Yes No

Signature of applicant: _____ Date: _____

Print name: _____

PLEASE RETURN FORM TO:

Blair E. Batson Hospital for Children
Division of Public Affairs
2500 North State Street
Jackson, MS 39216
(601) 984-1973 fax

Your support is greatly appreciated!

For Hospital use only

Date approved: _____ Approved by: _____