



## FUNDRAISING PROJECT AND EVENT PROPOSAL GUIDELINES

- No announcement or publicity of any proposed event may be made until the Division of Public Affairs has given its approval.
- We have the right to approve fundraising projects and events to ensure they represent the Hospital appropriately and uphold our mission and image.
- The completed Proposal Form must be submitted at least 30 days in advance of any event for timely consideration.
- The use of the hospital 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 or broadcast with the logo or name must be submitted for review and approval prior to printing and distribution.
- In naming the event, Batson Children's Hospital should be used as the beneficiary of the net proceeds. For example: (Event name) benefiting Batson Children's Hospital. If there will be co-beneficiaries, please note on the attached form.
- We are unable to advance monies, solicit sponsorship revenue or sell tickets on behalf of your group.
- We cannot provide celebrity endorsements/ appearances or obtain liquor licenses for your event or project.
- Your fundraising group is responsible for recruitment of volunteers to support your event.
- We 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 and/ or patient families may be available for the event; however, all requests should be made well in advance of the event on the attached form.
- All necessary permits and certificates of insurance required by city ordinance or otherwise are the responsibility of your group.
- We ask that all net proceeds 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



## FUNDRAISING PROJECT AND EVENT PROPOSAL FORM

**NOTE: APPLICATION MUST BE APPROVED PRIOR TO PUBLICIZING OR HOLDING EVENT**

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Name of group or company planning project/ event: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Briefly describe your organization: \_\_\_\_\_

\_\_\_\_\_

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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

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**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? \_\_\_\_\_

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

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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!**

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For Hospital use only

Date approved: \_\_\_\_\_ Approved by: \_\_\_\_\_