

*Thank you for your support of Joe DiMaggio Children’s Hospital Foundation.   
We appreciate your involvement. Below are the guidelines to help ensure   
a positive experience for all and to permit you to use our name.*

1. Any fundraising event that involves the use of Joe DiMaggio Children’s Hospital Foundation (JDCHF) (the Foundation) name or refers to the hospital in any way must be approved at least 30 days in advance by the Foundation office.
2. All advertising copy and promotional materials must be submitted to the Foundation office for approval prior to production. This includes invitations, news releases, public service announcements, posters, banners and flyers. This also includes anything for electronic distribution.
3. Use of the hospital’s name in any way that creates or implies liability for the event by Joe DiMaggio Children’s Hospital Foundation is strictly prohibited. The hospital shall only be identified as the beneficiary of the event. For example, the phrase “benefiting Joe DiMaggio Children’s Hospital Foundation” is acceptable. If Joe DiMaggio Children’s Hospital Foundation will not receive all the proceeds from the event, then the exact percentage of proceeds that benefit the Hospital must be clearly stated on all invitation copy, advertising and promotional materials.
4. Events must comply with all federal, state and local laws governing charitable fund raising, gift reporting and special events. The State of Florida regulates all fund raising activities and we follow all IRS laws for charitable giving. Also, the event organizer is responsible for obtaining any necessary permits, licenses or insurance.
5. Hospital representation may be available for the event; however, the request must be made at least 60 days prior to the event. Determination for representation or support will be determined upon availability, date of event and past success rate if applicable. Please understand that the volume of requests exceeds our number of staff available to attend events.
6. Joe DiMaggio Children’s Hospital Foundation cannot assist with solicitation efforts for donations, volunteers, or provide celebrities or publicity. JDCHF can assist with promoting the event if it is approved and ample time is given to do so by posting on our Face Book Page, listing it in our hospital employee news letter during the week prior to the event and listing it on our website community events calendar if we have 60 days notice AND the event has a history with the Foundation. Providing a link directly to an event website will be considered on an individual basis only when 100% of the proceeds benefit JDCHF.
7. Joe DiMaggio Children’s Hospital Foundation can provide a letter of authorization to be used to validate the authenticity of the event, assist you in designating your contribution to a specific area of interest within the hospital and provide written tax receipts to donors, if appropriate.
8. JDCHF must be notified if you plan to contact businesses, individuals or organizations for contributions of any kind. A list of potential sponsors must be reviewed and approved by the Foundation before being solicited.

All net proceeds must be submitted to Joe DiMaggio Children’s Hospital Foundation within 45 days of the actual event and before the close of the fiscal year end May 31st of that year.

*Please sign and date to indicate that you have read and accept the above policies.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATEMENT OF INTENT

For Community Sponsored Events

Organization/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Event: begin \_\_\_\_\_\_\_ & end \_\_\_\_\_\_\_\_

Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a first time Event? : \_\_\_\_\_\_ If no please provide brief history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous beneficiaries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We request that the Joe DiMaggio Children’s Hospital Foundation logo appear on your printed materials. We can forward you a copy of this logo upon approval of your event request. Additionally, a statement that proceeds from your event will be donated to Joe DiMaggio Children’s Hospital Foundation should also be included.

QUESTIONNAIRE

Are you a professional consultant/fundraiser? \_\_\_\_\_\_\_\_\_ 501(c)3 number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give a brief description of the planned event and specifically how the funds will be raised:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you guarantee a minimum contribution of $1000? Yes No

What are the proceeds you expect to generate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will 100% of the proceeds be donated to Joe DiMaggio Children’s Hospital Foundation?

* Yes. We encourage proceeds to be directed where they are needed most. If you intend for the proceeds to be directed to a specific fund, please indicate which fund below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ No. If not, with whom will the proceeds be shared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the percentage amount to be received? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the event be advertised or publicized? Yes No

Tell us how: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please attach any written material that will be distributed.)*

Do you request a staff member from Joe DiMaggio Children’s Hospital Foundation to be present to receive donation? Yes No

If so, what time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of Joe DiMaggio Children’s Hospital Foundation Foundation, Inc. official registration information may be obtained from the Division of Consumer Services by calling toll free with the State (1-800-435-7352). Registration does not imply endorsement, approval or recommendation by the State.

# FOR INTERNAL USE ONLY

Approved Denied

Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_