

Community Event Agreement

Thank you for choosing Bridgeport Hospital as the beneficiary of your fundraising. Your efforts are an important part of the philanthropic support that Bridgeport Hospital receives each year. We have a team of fundraising professionals who are dedicated to helping you achieve the most success possible. Please feel free to use our staff as a resource to answer questions.

This is an application for approval to conduct a fundraiser for the benefit of Bridgeport Hospital. This information and application have been developed to make this process as simple, efficient and straightforward as possible and to assure the success of your event.

Please make sure your event aligns with the mission, vision and values of Bridgeport Hospital. After Bridgeport Hospital officially approves your event, you may initiate publicity. Please remember that your event will not be a Bridgeport Hospital event, it will be an event to raise funds **for** Bridgeport Hospital. A suggested way of promoting your fundraiser is “Funds raised will support the work of The Connecticut Burn Center at Bridgeport Hospital”

Please take a moment to complete the following information and return to:

Bridgeport Hospital Foundation
267 Grant Street
Bridgeport, CT 06610

Attn: Melissa Silver

Or fax to 203-384-3752 or scan and send to melissa.silver@ynhh.org

One of the most meaningful ways you can help support the mission of Bridgeport Hospital is through an unrestricted donation which is designed to support essential areas of the hospital where funding is needed most. These areas include expanded patient services, facility improvements, community service and education. However, if you are interested in directing your funds to a particular area, we can assist you with this process.

We are grateful for the support of our friends in the community and appreciate your efforts to raise funds on our behalf!

Organizer Information

Name of contact person/organization: _____

Address: Street _____
City _____ State _____ Zip Code _____

*Email: _____ Phone: _____ Fax: _____

Describe your relationship to Bridgeport Hospital (past patient, employee, etc.):

Event Information

Date: _____ Time: _____

Location (city and venue): _____

Briefly describe the event: _____

What is the cost to attend the event? _____

How will funds be raised? (Ticket sales, raffle tickets, silent auction, etc):

What % of the funds will Bridgeport Hospital receive? _____

**50% is the base minimum*

Unrestricted funds or restricted? [] If restricted, where would you like the funds to go?

Will any other organization also receive a percentage of the proceeds from this event?

[] Yes [] No

If so, what organization? _____ What percentage? _____

Budget Information

Anticipated total revenue: \$ _____

Anticipated total expenses: \$ _____

Anticipated total donation: \$ _____

Guidelines

Letterhead

Unfortunately, we are unable to provide third party event organizers with Bridgeport Hospital letterhead or envelopes. A letter of support, however, can be provided to you if needed. The purpose of this letter is to add validity to the event when soliciting cash or in-kind donations.

Submitting your Donation to Bridgeport Hospital

We ask that all event proceeds be submitted to the Manager, Donor Engagement & Events within 60 days of the event unless other arrangements are made in advance. This should be done in a one 'lump sum' check made payable to Bridgeport Hospital Foundation.

Logo Use

The Bridgeport Hospital logo will be provided by the Manager, Donor Engagement & Events. Third party event organizers should **not** use the logo if obtained from the internet or an existing document due to its quality/low resolution. All printed materials including press releases, fliers, posters, postcards and the like that mention Bridgeport Hospital or contain its logo must be approved by the Manager, Donor Engagement & Events **prior to** the production, distribution, or publication of any materials.

What we can do to help:

- Offer advice and expertise on event planning
- Provide a tour of the Hospital for event organizers and volunteers
- Provide a letter of support to validate the authenticity of the event and its organizers
- Provide the Hospital logo to event organizers
- Approve the use of the Hospital name and logo prior to use
- Provide informational materials about Bridgeport Hospital
- Coordinate a check presentation to be held at Bridgeport Hospital. We are not able to guarantee attendance of staff, physicians or patients. Details will be handled on a case-by-case basis.
- Provide a Hospital or Foundation representative to attend the event and thank donors and attendees if requested.

Support we do not provide:

- Offer reimbursement for expenses
- Provide a Hospital sponsorship
- Solicit for sponsorships, cash donations, or in-kind donations
- Solicit or promote your event to Bridgeport Hospital employees
- Share mailing lists of donors, vendors, Hospital employees, or patients

- Provide Hospital donor information
- Provide staff or volunteers to work at the event
- Sign vendor contracts
- Provide Bridgeport Hospital giveaway items
- Provide images of any patients
- Provide public liability insurance coverage
- Process reservations or ticket sales for the event.

REMEMBER:

Bridgeport Hospital Foundation MUST review all materials in which our name and logo appears. If you plan to use the Hospital logo, please request the file from the Manager, Donor Engagement & Events.

PROPOSED BY:

Signature of Organizer

Print Name

Date

APPROVED BY:

Melissa Silver
Manager, Donor Engagement & Events

Print Name

Date

For office use only

Approved by: _____

Fund Number: _____