

# COMMUNITY-BASED SPECIAL EVENTS

to support CHILTON MEDICAL CENTER

Thank you for your interest in hosting an event to benefit Chilton Medical Center. We are always grateful for the generous support of our friends in the community who share our commitment to the health and well-being of all people. Your support helps ensure life-saving treatment and compassionate care for everyone.

## Chilton Medical Center Foundation Will:

- Thank donors for donations made directly to the Foundation
- Provide and approve the use of the Foundation logo
- Assist your organization in directing contributions toward areas of special interest or areas of need within Chilton Medical Center
- Provide a letter of authorization to be used to validate the authenticity of the event and its organizers
- List event on the Foundation's website at [atlanticehealth.org/chilton](http://atlanticehealth.org/chilton)

## Chilton Medical Center Foundation

### Will Not:

- Provide staff or volunteer support
- Provide our tax exemption number to event coordinators
- Provide startup costs, underwrite expenses, or provide funding or reimbursement for event expenses
- Provide mailing lists of donors, employees, physicians or vendors
- Provide Chilton Medical Center or Foundation letterhead
- Guarantee attendance of patients, physicians, staff or volunteers at the event

## Guidelines for Your Event

The following guidelines have been established to protect the name and reputation of Chilton Medical Center, Chilton Medical Center Foundation and Atlantic Health System, as well as the interests and financial support of event patrons.

- An Application Form (see reverse side) must be submitted to the Foundation at least 60 days prior to the proposed event for approval.
- The Foundation must approve—in advance of printing or use—all invitation copy, advertisements or other promotional materials related to the event where Chilton Medical Center or its entities will be mentioned. The logos of Chilton Medical Center and the Foundation are registered trademarks and cannot legally be reproduced without written permission. Please allow up to 2 weeks for the approval process.
- Chilton Medical Center cannot sponsor or endorse fundraising events or products. Materials should state, "Proceeds will benefit Chilton Medical Center."

- If Chilton Medical Center will not be receiving all of the proceeds from the event, the exact percentage of the proceeds to benefit the medical center must be clearly stated in all invitation copy, advertising and promotional materials.
- Events must comply with all federal, state and local laws governing charitable fund raising, gift reporting and special events. Please note that certain gaming events require a license.
- If an organization plans to solicit contributions, sponsorships or in-kind gifts from local businesses, the list of potential business sponsors must be reviewed and approved by the Foundation before any local businesses are approached in any way.
- The Foundation cannot solicit sponsors or in-kind sponsors for your event, or provide in-kind support from any Chilton Medical Center or Atlantic Health System entity.
- Please submit event proceeds to Chilton Medical Center Foundation within 30 days of the event.
- Under no circumstances may an individual keep any portion of the proceeds as profit or compensation for organizing the event.
- Please note that expenses should not be more than 50 percent of the total revenue.
- Please advise the Foundation if the event plans change from what was originally approved.
- A new application must be submitted each year for all annual events.
- You agree to indemnify and hold harmless Chilton Medical Center, the Foundation, Atlantic Health System, and all clinics, programs, officers, directors and employees from any and all claims and liabilities in any way related to the event.
- You will be responsible for furnishing liability insurance for all activities, will list the Foundation as additional insured, and will provide a certificate of insurance to the Foundation at least 30 days in advance.

# Special Events Application

*Before you hold an event to raise money for Chilton Medical Center, the Chilton Medical Center Foundation must approve this application. Please return the completed application by mail or email to Mary Gray, Coordinator of Special Events and Stewardship. The application form should be submitted at least 60 days prior to the proposed event date. However, we can accept applications 12 months before an event.*

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Group/Company/Individual Planning the Event  
\_\_\_\_\_

Contact Name \_\_\_\_\_

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

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

Email Address \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Evening Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Proposed Event \_\_\_\_\_

Date of Event \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Event \_\_\_\_\_

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

Address \_\_\_\_\_

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

Is event:  Open to the Public  By Invitation Only

New Event  Repeat Event

(If repeat, when previously held? \_\_\_\_ / \_\_\_\_ / \_\_\_\_)

Ticket price (if applicable): \$ \_\_\_\_\_

For publicity purposes, please provide a phone number and/or email address that can be publicly listed in newsletters, websites, and other public venues.

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Are there other beneficiaries beside Chilton Medical Center?

Yes  No If yes, please list organization(s): \_\_\_\_\_

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

Briefly describe the event and how funds will be raised (e.g., ticket sales, pledges, sponsorship, auction, raffle, etc.). Attach a separate sheet if necessary. \_\_\_\_\_

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

How will the event be publicized (e.g., press releases, flyers, radio/TV/newspaper/magazine advertisements)?

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

Does the event require a permit, license or insurance?

Yes  No If yes, please forward copies of these forms to the Foundation at least two weeks prior to the event.

Projected Net Donation to Chilton Medical Center: \$ \_\_\_\_\_

Costs will be paid:  through proceeds  by event organizer

Please indicate the date that the donation will be received by Chilton Medical Center. (Proceeds should be forwarded to the Foundation within 30 days of the event.)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Will your gift be restricted to a specific fund for Chilton Medical

Center?  Yes  No (If yes, which fund? \_\_\_\_\_)

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

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please print first and last name below:

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

**Please mail or email completed form to:**  
**Mary Gray, Coordinator of Special Events & Stewardship**  
**Chilton Medical Center Foundation**  
**97 West Parkway, Pompton Plains, NJ 07444**  
**973.831.5497 · mary.gray@atlanticealth.org**



## Community-Based Special Events

*to support*

**CHILTON MEDICAL CENTER**

# Chilton Medical Center Foundation

