



FUNDRAISING GUIDELINES

Thank you for your interest in making Legacy Health the beneficiary of your fundraising efforts. Each year community volunteers raise awareness for our hospitals and programs and make significant financial contributions through such activities.

To help ensure that volunteer fundraising events are enjoyable, successful, make best use of limited staff resources, and are coordinated with our many other activities, we ask that you submit a proposal well in advance (4-6 weeks) of the proposed event for consideration by The Office of Philanthropy. All proposals must be approved in writing before you may begin fundraising on behalf of Legacy. Once your event is approved, you will be provided with the name of a foundation contact person who can assist in providing you with logos and review publicity materials.

Before completing the attached fundraising proposal, please review the guidelines below. Proposals may be returned to the The Office of Philanthropy by mail or fax. Our staff will make every effort to respond to your proposal promptly. If you have any questions, please feel free to call (503) 415-4700.

Please return your completed proposal to:
Attn: The Office of Philanthropy
2145 NW Overton
Portland, OR 97210
Fax: 503-413-6447
Email: giving@lhs.org

All fundraising activities or use of any Legacy Health foundation, hospital or program name or logo must be approved in advance.

For confidentiality reasons, The Office of Philanthropy cannot release donor or volunteer lists to an individual, company, group or organization. In addition, we do not sell goods or services to our donors/volunteers from outside organizations.

The Office of Philanthropy or any of the foundations cannot be liable for any expenses incurred by an individual or any organization involved in fundraising on behalf of Legacy.

Legacy Health foundations, hospitals and programs will not underwrite any fundraising activities.

Press releases, public service announcements, advertisements, printed materials (posters, brochures, flyers, tickets, invitations, etc.) are the responsibility of the individual/organization coordinating the fundraising activity. The Office of Philanthropy must approve all publicity materials before their production, distribution and/or release.

Fundraising policy prohibits the use of telephone solicitation for contributions from the general public.

Oregon law requires special licensing to conduct a raffle. If you or your organization would like to conduct a raffle, individuals and/or organizations must obtain a raffle license from the Oregon Department of Justice or use a sweepstakes promotion as a substitute.

In accordance with IRS regulations, the individual or organization conducting the fundraiser is responsible for disclosing to donors the exact dollar amount or percentage of their gift which will benefit Legacy.

Volunteers associated with an outside supporter should avoid any conflict between their personal interest and the interest of the foundations.

There is no guarantee that a Legacy representative will be able to attend your event.

Insurance (if applicable) and/or permits for any fundraising activity to benefit Legacy are the responsibility of the organizing party and must be submitted with proposal for approval.



Please return form to:
 Legacy Health
 Office of Philanthropy
 2145 NW Overton
 Portland, OR 97210
 Fax: 503-413-6447
 Email: giving@lhs.org

Project Chair/Contact Name:		
Organization:		
Address:		
City:	State:	Zip:
Day Phone: ()	Fax Number: ()	
Email Address:		

- Benefiting Hospital Foundation:
- | | |
|---|---|
| <input type="checkbox"/> Emanuel Medical Center Foundation (and Oregon Burn Center) | <input type="checkbox"/> Meridian Park Medical Foundation |
| <input type="checkbox"/> Randall Children's Hospital Foundation (and CARES Northwest) | <input type="checkbox"/> Mount Hood Medical Center Foundation |
| <input type="checkbox"/> Good Samaritan Foundation (including hospice) | <input type="checkbox"/> Salmon Creek Hospital Foundation |

Title and description of proposed event: _____

Facility and/or location of the event: _____

Date and time of event: _____

Will insurance coverage be necessary for your event? Yes No Are permits required? Yes No
 If yes, you will need to provide proof of insurance. If yes, please explain:

Please state what percentage of gross income will be donated to Legacy, or if 100% of the net income will be donated.

Projected revenue: _____

Projected expenses: _____

Anticipated net revenue: _____

Please list any committed sponsors (businesses) or sponsors you plan to approach for support:

How and when will your event/fundraiser be publicized? (Print, radio, TV, other)

What support will you need from Legacy Foundations for this event/project?

Please list at least one business reference we may contact:

FOR OFFICE USE ONLY	Attention:
Date Received:	Approval Status: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Approved:	Approved By: