

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 Foundation staff resources, and are coordinated with our many other activities, the Foundation asks that you submit a proposal well in advance of the proposed event for consideration by the Legacy Health Foundations staff. All proposals must be approved in writing before you may begin fundraising on behalf of Legacy.

Before completing the attached fundraising proposal, please review the guidelines below. Proposals may be returned to the Foundations by mail or fax. The Foundations staff will make every effort to respond to your proposal promptly. If you have any questions, please feel free to call (503) 413-4168.

Please return your completed proposal to: Legacy Health Foundations Attn: Events P.O. Box 4484 Portland, OR 97208

Fax: 503-415-5788 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 Foundations cannot release donor or volunteer lists to an individual, company, group or organization. In addition, the Foundations do not sell goods or services to our donors/volunteers from outside organizations.

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 Foundations before their production, distribution and/or release must approve all publicity materials.

Foundations 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 Foundations 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 P.O. Box 4484 Portland, OR 97208 Fax: 503-415-5788 Email: giving@lhs.org

Project Chair/Contact Name:	
Organization:	
Address:	
<u> </u>	ate: Zip:
Day Phone: () Fax Number: ()	
Email Address:	
Benefiting Hospital Foundation: Emanuel Medical Center Foundation The Children's Hospital Foundation Good Samaritan Foundation (including hospice) Meridian Park Medical Foundation Mount Hood Medical Center Foundation 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 lf yes, you will need to provide proof of insurance.	o □ Are permits required? Yes □ No □ 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 □ No □
Date Approved:	Approved By: