



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 Philanthropy & Community Engagement department. 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 Philanthropy & Community Engagement 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) 413-6466.

Please return your completed proposal to:

Philanthropy & Community Engagement
2145 NW Overton Street
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, Philanthropy & Community Engagement 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.

A Legacy Health foundation cannot be liable for any expenses incurred by an individual or any organization involved in fundraising on behalf of Legacy Health.

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. Philanthropy & Community Engagement 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 Health.

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 Health representative will be able to attend your event.

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



Please return form to:
Philanthropy & Community
Engagement
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 Medical Site:
- | | |
|---|---|
| <input type="checkbox"/> CARES Northwest
<input type="checkbox"/> Legacy Emanuel Medical Center
<input type="checkbox"/> Legacy Good Samaritan Medical Center
<input type="checkbox"/> Legacy Hospice Services
<input type="checkbox"/> Legacy Meridian Park Medical Center | <input type="checkbox"/> Legacy Mount Hood Medical Center
<input type="checkbox"/> Legacy Oregon Burn Center
<input type="checkbox"/> Legacy Salmon Creek Medical Center
<input type="checkbox"/> Legacy Silverton Medical Center
<input type="checkbox"/> Randall Children's Hospital at Legacy Emanuel
<input type="checkbox"/> Unity Center for Behavioral Health |
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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
 If yes, you will need to provide proof of insurance.

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 <input type="checkbox"/> No <input type="checkbox"/>
Date Approved:	Approved By: