

Fundraiser Guidelines

Thank you for your interest in conducting a third party fundraiser to benefit PIH Health. PIH Health was founded thanks to the generosity of our community. Your support is deeply appreciated and ensures great healthcare for our communities by keeping PIH Health strong.

The mission of PIH Health is to provide high-quality healthcare and contribute to the health and well-being of our communities, always following our vision of *patients first*.

PIH Health Foundation is the sole entity that raises funds for PIH Health. Funds raised help to support the many vital healthcare programs and services offered to the community. One way you can help PIH Health Foundation is through conducting a third party fundraiser or event.

Although we cannot help with the funding and promotion of your event, we can help in other ways to make it successful. Please read the following policies and guidelines carefully.

If you have any questions about coordinating a third party fundraising event, please call PIH Health Foundation at 562.698.0811 Ext. 81520, or email PIHHealth.Foundation@PIHHealth.org.

What is a third party fundraiser?

A third party fundraiser is a fundraising event or initiative that is organized and funded by a community group, club, business or an individual. This third party's intent is to raise money to benefit PIH Health. All third party events must align with the mission of PIH Health and receive approval from PIH Health Foundation 30 days prior to the event.

How we can help:

- PIH Health Foundation will acknowledge the third party fundraiser with appropriate recognition and acknowledge direct contributions to benefit PIH Health.
- PIH Health Foundation can provide a contact information form for donors to submit with their donations. Upon receipt of those forms, PIH Health Foundation will send a letter to those individuals or businesses for tax purposes.
- We can provide informational collateral about PIH Health and our programs and services. Please understand that quantities could be limited, or require advanced notice for ordering.
- Unfortunately, due to the volume of requests and limited staff, we cannot guarantee that we will send a representative to the event.

Guidelines for Fundraising Events:

- a. A written proposal must be submitted to PIH Health Foundation for review at least 45 days in advanced of your event. This timeframe will allow PIH Health Foundation to respond to the third party at least 30 days prior to the event. See included Third Party Proposal Form for information needed.
- b. Please do not make any public announcement or promote the event, until you have received written permission from PIH Health Foundation. Permission must be granted by PIH Health Foundation at least 30 days prior to the event date.
- c. Once your proposal is approved, printed materials and other information should state “proceeds will benefit PIH Health.” The event name cannot indicate PIH Health in its title. For example: the title “PIH Health Cook-a-thon” would be unacceptable. However, the title “Greenleaf School Cook-a-thon, benefitting PIH Health” would be acceptable.
- d. Logo use will be considered on a case-by-case basis. All materials must be reviewed and approved by PIH Health Foundation prior to public use.
- e. The third party shall take full responsibility for any costs incurred by purchasing any media advertisement to promote an event (e.g. television, radio, outdoor billboard, PSA, magazines or brochures).
- f. Third party should have established marketing plans as it relates to the event. PIH Health Foundation cannot enter into a third party agreement for the sole purpose of marketing the event to a larger audience.
- g. For confidentiality purposes, PIH Health Foundation cannot release donor, volunteer or employee information for mailings. PIH Health Foundation is unable to provide volunteers to hang posters/fliers, sell tickets or offer event planning or expertise advice for the event.
- h. PIH Health Foundation must review all sponsorships or prospective sponsorships. PIH Health Foundation reserves the right to request you not approach a particular donor, business, or organization due to a potential conflict that may arise within the organization’s other development plans.
- i. All necessary permits and certificates of insurance required by City Ordinance or otherwise will be the responsibility of the third party fundraising group or individual. The event, its participants, and representatives must observe and comply with all local, state, and federal laws. Professional liability coverage may be required with a minimum limit of liability of \$1,000,000 per occurrence and \$3,000,000 aggregate.
- j. Please advise PIH Health Foundation immediately of any changes to your event or contacts.
- k. Within 60 days of the fundraising event, please send a final accounting along with donation to PIH Health Foundation. PIH Health Foundation is not responsible for any financial loss incurred from the event.

Please make checks payable to: PIH Health Foundation

**Please mail donations to: PIH Health
Attn.: PIH Health Foundation
12401 Washington Blvd.
Whittier, CA 90602-1006**



PIH Health Foundation
12401 Washington Blvd.
Whittier, CA 90602
P: 562.698.0811 Ext. 81520
PIHHealth.org

Fundraiser Application

This application must be received 45 days in advance of the event. This timeframe will ensure that PIH Health Foundation can respond at least 30 days prior to the event.

Section 1: Organization's Information

(Every organization involved is asked to complete Sections 1 and 2. Please print extra copies, as needed. If you are not an organization, please skip to Section 2.)

Organization's Name: _____

Organization's Full Address: _____

Organization's Phone: _____ Organization's Website: _____

Organization's Mission Statement: _____

Section 2: Contact's Information

Contact's Name: _____

Contact's Full Address: _____

Contact's Phone: _____ Contact's Email: _____

Section 3: Event Information

Event Name: _____ Event Date: _____

Event Type: Auction Dinner Bake Sale Music Concert
 Opportunity Drawing Sports/_____ -a-thon Other

Is the event one time only or recurring? _____

Event Size (expected attendance): _____

Event Location/Address: _____

Event Description: *Please explain all activities of event that will generate proceeds.*

Section 3: (continued)

How will you promote your event? (*marketing plans*): _____

Expected Event Proceeds: \$_____

Total Anticipated Donation to PIH Health: \$_____

Proposed Distribution to PIH Health:

100% net proceeds

____% split net proceeds

Will part of the proceeds from your event go to another organization(s)? If yes, please list: _____

Please tell us why you chose PIH Health: _____

What area(s) of the hospital is your event supporting? _____

What are your expectations of PIH Health? How can we help?

I have included the following documents: (please attach)

Event budget

Proof of permits and insurance

List of potential sponsors

Samples of collateral/promotional materials

Sections 1 and 2 for every organization involved with event

I have read and agree to the included guidelines

Please email the completed application to PIHHealth.Foundation@PIHHealth.org

Thank you for your interest and support!

If you have any questions, please contact the PIH Health Foundation at:
562.698.0811 Ext. 81520 or email PIHHealth.Foundation@PIHHealth.org

Please keep a copy of this application and the guidelines for your reference.