



Thank you for choosing Yale New Haven Hospital as the beneficiary of your fundraising endeavors. Your efforts are an important part of the philanthropic support that Yale New Haven Hospital receives each year. We are dedicated to helping you achieve the most success possible.

This is an application for approval to conduct a fundraising event to benefit Yale New Haven Hospital, Yale New Haven Children's Hospital or Smilow Cancer Hospital. This information and application have been developed to make this process as efficient and straightforward as possible and to help your event be as successful as possible.

Please make sure your event fits the mission and image of YNHH. After YNHH officially approves your event, you may initiate publicity. Please remember that your event will not be a YNHH event, it will be an event to raise funds *for* YNHH. A suggested way of promoting your fundraiser is "funds raised will support the work of Yale New Haven Hospital..."

Please take a moment to complete the following information and return by mail to:

**Yale New Haven Hospital
Office of Development
PO Box 1849
New Haven, CT 06508
ATTN: Special Events**

Or, forward a copy by fax to **203-789-3898** or email the application to **giving@ynhh.org**.

One of the most meaningful ways you can help support the mission of YNHH is through an unrestricted donation, which is designed to support essential areas of the hospital where funding is needed most. These areas include expanded patient services, facility improvements, community service and education. If, however, you are interested in directing your event proceeds to a particular department, we can suggest one of our many special funds that would restrict your gift accordingly.

We are grateful for the support of our friends in the community and appreciate your efforts to raise funds on our behalf!

Event Organizer Information

Name: _____

Mailing address:

Phone: _____ Fax: _____ Email: _____

Describe your relationship to Yale New Haven Hospital (past patient, employee, etc.):

Event Information

Date of event: _____ Time of event: _____

Location (city and venue): _____

Name of event and brief description:

What is the cost to attend the event? _____

How will funds be raised? (ticket sales, raffle tickets, auction, etc):

How would you like the proceeds from your event to be used?

What % of the funds will Yale New Haven Hospital receive? _____

Will any other organization receive a percentage of the proceeds from this event?

Yes No

If so, what organization? _____

If so, what percentage? _____

Budget Information

Anticipated total revenue: \$ _____

Anticipated total expenses: \$ _____

Anticipated total donation: \$ _____

Policies

Letterhead

Unfortunately, we are unable to provide third party event organizers with Yale New Haven Hospital letterhead or envelopes. A letter of support, however, can be provided to you if needed. The purpose of this letter is to add validity to the event when soliciting cash or in-kind donations.

Submitting your Donation to Yale New Haven Hospital

All event proceeds must be submitted to the Manager of Special Events within 60 days of the event. This should be done in a lump sum check made payable to Yale New Haven Hospital.

Logo Use

The Yale New Haven Hospital logo will be provided by the Manager of Special Events. Third party event organizers should **not** use the logo if obtained from the internet or an existing document, due to its quality/low resolution. All printed materials including press releases, fliers, posters, postcards and the like that mention Yale New Haven Hospital or contain its logo must be approved by the Manager of Special Events prior to the production, distribution or publication of

any materials.

What we can do to help:

- Include event on Office of Development calendar of events
- Include photo of event organizer/s making a check presentation to Yale New Haven Hospital representatives on Office of Development web pages and Facebook page
- Provide a letter of support to validate the authenticity of the event and its organizers
- Provide a written acknowledgement to donors who make outright donations payable to “Yale New Haven Hospital.” Written acknowledgements are only issued for gifts of \$10 or more. **Please be aware that no event ticket sales, auction donations, auction purchases, raffle ticket sales, or other event-related purchases can be processed by the Office of Development. All such financial transactions and donations for the event must be managed by the event organizer, with payments made to the event organizer directly.** Due to IRS laws, tax receipts can only be issued for outright contributions made payable to Yale New Haven Hospital. *Please call the Manager of Special Events for additional clarification.*
- Provide the hospital’s logo to event organizers
- Approve the use of the hospital name and logo prior to use

What we cannot do:

- Offer reimbursement for expenses
- Provide a receipt to donors for event ticket sales, reservation fees, auction purchases or auction donations
- Process auction sales for the event
- Promote the event on hospital grounds or in local media
- Provide a hospital sponsorship
- Solicit for sponsorships, cash donations or in-kind donations
- Solicit Yale New Haven Hospital employees or promote your event on our campuses
- Share mailing lists of donors, vendors, hospital employees or patients
- Provide information about our donors
- Provide staff or volunteers at the event
- Sign vendor contracts
- Provide Yale New Haven Hospital giveaway items
- Provide images of our patients
- Provide public liability insurance coverage

REMEMBER:

Yale New Haven Hospital MUST review all materials in which our name and logo appears. If you plan to use the hospital logo, please request the file from the Manager of Special Events

and do not attempt to use low-resolution copies from the Internet.

Submitted by:

Signature of Organizer

Print Name

Date

Approved by:

Manager, Special Events

Date