

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 a success.

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 we cannot do:

- Offer reimbursement for expenses
- Provide a receipt to donors for event ticket sales, reservation fees, auction purchases, auction donations or raffle ticket sales
- 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

Submitted by:

Signature & Date

Approved by:

Manager, Special Events & Date