



## **FUNDRAISING PROJECT and EVENT PROPOSAL GUIDELINES**

Thank you for your interest in helping Friends of Children's Hospital support Batson Children's Hospital; Mississippi's only children's hospital devoted exclusively to the care of sick or injured children.

These guidelines are for individuals, organizations and groups interested in planning an event or fundraising project benefiting Friends of Children's Hospital.

Friends will need to approve fundraising projects and events to ensure they represent the organization and hospital appropriately and uphold our mission and image.

The use of the Friends of Children's Hospital logo and name may be used only **after** Friends has granted approval. All printed materials, letters and other items to be published or printed with the logo or name **must** be submitted to Friends for approval before printing and distribution. All edits or revisions will be discussed with the organizer.

In naming the event, Friends of Children's Hospital must be used as the beneficiary of the net proceeds. For example: (Event name) benefiting Friends of Children's Hospital. If there will be co-beneficiaries, please note on the attached form.

If an organization plans to solicit contributions, sponsorships or in-kind gifts from businesses, the list of potential sponsors should be reviewed and approved by Friends prior to approaching them. Any letters or mailings to potential donors must be approved by Friends.

Friends can provide logos, photographs, patient stories and children's hospital data if needed for letters, flyers and programs. Once approved, your event will be promoted on the Friends social media.

A Friends staff member is available to answer questions regarding the organization or planning your fundraiser. Friends can act as a media liaison and advise organizers if needed.

We ask that all net proceeds be submitted to Friends of Children's Hospital within 45 days of the event. If you would like to schedule a check presentation, please contact [Friends@FOCH.org](mailto:Friends@FOCH.org).

Otherwise, funds can be made payable to and mailed to:

**Friends of Children's Hospital  
3900 Lakeland Drive  
Suite 205  
Flowood, MS 39232**

**EVENT PROPOSAL FORM**

**NOTE: APPLICATION MUST BE APPROVED BY FRIENDS OF CHILDREN'S HOSPITAL PRIOR TO PUBLICIZING OR HOLDING EVENT**

(Please attach additional sheets if necessary to provide complete explanation/information)

Name of group or company planning project/ event \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

Briefly describe your organization \_\_\_\_\_  
\_\_\_\_\_

Briefly describe the project/ event \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there other beneficiaries besides Friends of Children's Hospital? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

How will the funds be raised?  
\_\_\_ Ticket sales \_\_\_\_\_ Sponsorships \_\_\_\_\_ Auction \_\_\_\_\_ Other (Please explain) \_\_\_\_\_

Who will you solicit?  
\_\_\_ Friends \_\_\_\_\_ Clients \_\_\_\_\_ Family \_\_\_\_\_ Other \_\_\_\_\_

How will you promote this project/ event? \_\_\_\_\_  
\_\_\_\_\_

Do you have a special reason for wanting to support Friends of Children's Hospital? \_\_\_\_\_  
\_\_\_\_\_

Estimated total cost of project/ event \_\_\_\_\_ Estimated revenue of project/ event \_\_\_\_\_  
Estimated net income of project/ event \_\_\_\_\_ Estimated amount given to Friends \_\_\_\_\_  
Does your company plan to match the amount you raise? \_\_\_\_\_ Yes \_\_\_\_\_ No  
How will expenses be paid? \_\_\_\_\_ From proceeds \_\_\_\_\_ By project/event organizer

For proposed events only: Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_  
Is the event \_\_\_\_\_ Open to the public \_\_\_\_\_ By invitation only  
Have you formed a committee to help organize this event? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, who will support you in your efforts? \_\_\_\_\_  
\_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

**PLEASE MAIL, FAX or EMAIL COMPLETED FORM TO:**  
**Friends of Children's Hospital**  
**3900 Lakeland Drive**  
**Suite 205**  
**Flowood, MS 39232**  
**601.936.9983 fax**  
**Friends@foch.org**