

# Fundraising Event Form

This form must be submitted in advance for approval to hold a fundraiser for UCSF Benioff Children's Hospitals.

## 1. Sponsor Information

Name of sponsoring organization/individual: \_\_\_\_\_

Is this a 501c3 organization? Y      N

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 2. Event Information

Name of event: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s): \_\_\_\_\_ Time (start & end): \_\_\_\_\_

Location: \_\_\_\_\_

Fundraising goal: \$ \_\_\_\_\_

Target audience: \_\_\_\_\_ Estimated attendance: \_\_\_\_\_

All fundraising plans (raffle, admission, auction, etc.): \_\_\_\_\_

Price(s) for admission: \_\_\_\_\_ What is the fair market value of the ticket? \_\_\_\_\_

Raffle tickets: \_\_\_\_\_ Other: \_\_\_\_\_

Have you done this event before? Y      N

If so, when? \_\_\_\_\_ Where? \_\_\_\_\_ Net proceeds? \_\_\_\_\_

Name any organization with which you have any contract agreement in relation to this event,  
including sponsors: \_\_\_\_\_

\_\_\_\_\_

*Please note: UCSF Benioff Children's Hospitals must receive a list of prospective sponsors before they are contacted to ensure the same prospective sponsor isn't currently being solicited for another event.*

Will you be advertising or publicizing this event? Please describe: \_\_\_\_\_

*Please note: Any promotional materials which include the Hospital name or logo must be approved before use.*

Do you have a media sponsor? If so, who? \_\_\_\_\_

*UCSF Benioff Children's Hospitals support includes a contact person, logo to use for material the fundraisers create and a banner (if available when requested). We cannot guarantee the attendance of any staff at outside events.*

### 3. Financial Information

Please estimate:

Details:

Total proceeds *(projected)*

A. \_\_\_\_\_

Expenses *(Include costs of printing, food, entertainment etc.)*

B. \_\_\_\_\_

Include a brief summary of expenses: \_\_\_\_\_

Anticipated net proceeds *(A minus B)* C. \_\_\_\_\_ Amount/percentage to be given to

BCH *(You are not liable for this amount)* D. \_\_\_\_\_

Anticipated date of your donation *(Within 60 days of the end of your event)*: \_\_\_\_\_

If you plan to donate less than 100% of the proceeds, please explain where the remainder raised will be spent: \_\_\_\_\_

Contributions are generally unrestricted donations (to be used where we see the greatest need) unless otherwise stated. Are the revenues from this event unrestricted? Y N

If no, please state which department or area of BCH is to be the beneficiary: \_\_\_\_\_

## 4. Assurances

Until permission is granted by UCSF Benioff Children's Hospitals, contributions will not be solicited in the name of UCSF Benioff Children's Hospitals and neither name nor logo will be used for any purpose without written approval of every publication in which the name and logo appear. By signing this document, you have read and agreed to additional guidelines outlined in the Community Fundraiser Guidelines. Information on this form is correct and accurately describes the proposed event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***FOR INTERNAL USE ONLY***

Date application received \_\_\_\_\_ Comments \_\_\_\_\_

Approved    Y    N    Date \_\_\_\_\_ Signature \_\_\_\_\_

Amount received \_\_\_\_\_ Date \_\_\_\_\_



# Fundraising Event Contribution Form

## After the Event

Please include this page when you send in your final event contribution.

### Event Information

Name of event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Name of sponsoring organization/individual: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total proceeds (final) A. \_\_\_\_\_

Expenses (final) B. \_\_\_\_\_

*(Include costs of printing, food, entertainment etc.)*

Net proceeds (A minus B) C. \_\_\_\_\_

Amount to be given to BCHs D. \_\_\_\_\_

### Submit your event contribution check to:

Attn: **Beverly Ingram**

UCSF Benioff Children's Hospital Foundation

P.O. Box 45339

San Francisco, CA 94145-0339

**Please include photos of your event and/or participants for our files. We like to see you in action!**