

THIRD-PARTY DONATION APPLICATION

Thank you for planning a fundraiser that will benefit Confluence Health!

We are honored to be selected as a beneficiary of your charitable work. Before you get started on this application form, please review the attached guidelines. These guidelines help ensure that our partnership is based on fundraising best practices and a clear understanding of roles and responsibilities.

Please submit the following application to <u>foundation@confluencehealth.org</u> at least two weeks prior to beginning promotion of your planned activity.

ORGANIZER CONTACT INFORMATION

PRIMARY CONTACT NAME:	
ORGANIZATION, IF APPLICABLE:	
CONTACT PHONE:	
EMAIL ADDRESS:	
STREET ADDRESS:	
CITY, STATE, ZIP:	

APPLICATION CONTINUES ON NEXT PAGE

EVENT DETAILS

NAME OF EVENT:	
DATES:	
PLEASE DESCRIBE THE EVENT & WHAT INSPIRED YOU TO HOLD IT?	
TARGET AUDIENCE:	
PLEASE EXPLAIN HOW YOU WILL	
GENERATE REVENUE BENEFITING CHF:	
ESTIMATED REVENUE & EXPENSES:*	
WHAT INFLUENCED YOU TO MAKE CHF The Beneficiary of this effort?	
THE DENEFICIARY OF THIS EFFURT?	
SUPPORT REQUESTED FROM CHF:	
SIGNATURE:	

By summiting this application to the Confluence Health Foundation, you are agreeing to adhere to the third-party fundraising guidelines provided on the following pages. Please wait to begin fundraising until you have been notified by the Foundation.

*Contributions must be delivered to the Foundation within 30-days of the event/last day of the event.

RETURN TO: Confluence Health Foundation, 526 N. Chelan Ave., Suite A, Wenatchee, WA 98801 or foundation@confluencehealth.org

THIRD-PARTY FUNDRAISING GUIDELINES

Don't let this red tape fool you – we are SUPER excited to partner with you. Please reach out if you have any questions or concerns about the guidelines. We're here to help!

- 1. The mission of the Confluence Health Foundation is to enhance and support Confluence Health's ability to provide high quality healthcare close to home. Third-party fundraising events should be compatible with our mission and should promote the appropriate image of the Confluence Health Foundation.
- 2. The Third-Party Fundraiser Application must be submitted to foundation@confluencehealth.org at least two weeks prior to beginning promotion of your planned activity.
- 3. Written approval from the Confluence Health Foundation must take place before advertising, promotion, or solicitation of gifts listing the Confluence Health Foundation as a beneficiary. Until permission has been granted, contributions may not be solicited in the name of Confluence Health Foundation, Confluence Health, or any affiliated programs and services.
- 4. Approved events should reflect the Confluence Health Foundation as a beneficiary, not as a host or sponsor.
- 5. All promotional materials that mention the Confluence Health Foundation as a beneficiary should be sent to foundation@confluencehealth.org for approval prior to distribution. Please allow three business days to approve press releases, scripts, posters, invitations, social media posts, and other public facing messages. Please advise the Foundation of changes to materials after initial approval. The Confluence Health Foundation assumes no responsibility for promotion of the event or activity.
- 6. The use of photos or stories featuring Confluence Health patients must be approved in writing prior to use.
- 7. All references to the Confluence Health Foundation in marketing, promotion, fundraising collateral should refer to the "Confluence Health Foundation" unless otherwise discussed and approved in advance.
- 8. The public must be fully informed regarding the amount that will be donated to the Confluence Health Foundation. The IRS requires third-party fundraisers to disclose the portion of net proceeds that the Confluence Health Foundation will receive from your event on promotional materials (e.g., X% of all net proceeds will be donated to the Confluence Health Foundation).

- 9. Expenses incurred from conducting the event are the responsibility of the event organizers. Confluence Health Foundation's tax exemption cannot be extended to any third-party event or fundraising effort, nor do we provide the Foundation's tax ID, or raffle license for third-party fundraising events.
- 10. The event organizers agree to indemnify and hold harmless Confluence Health Foundation, Confluence Health, and all its officers, directors and employees from any claims and liabilities that in any way relate to the event/promotion.
- 11. Event organizer agrees to obtain all required permits, licenses, and insurance for the event, and ensures the event complies with all relevant laws and regulations.
- 12. Within 30 days following the event, please submit funds payable to the Confluence Health Foundation. To ensure donations are properly tracked, please include the name of the fundraiser or other documentation about how the gift should be recognized at the time the donation is submitted.
- 13. The Confluence Health Foundation is unable to provide the following:
 - Donor, volunteer, employee, or patient mailing lists or information of any kind.
 - Assistance in soliciting donations, creating marketing materials, planning or preparation for the event, recruiting attendees and/or selling tickets for your event.
 - Guaranteed event attendance of donors, volunteers, or staff.
 - Responsibility of any nature or kind associated directly or indirectly with the event.
- 14. If circumstances warrant, the Confluence Health Foundation can opt out as a beneficiary of the event at any time with no obligation.

WE ARE HUMBLED BY YOUR GENEROSITY AND ARE TRULY GRATEFUL FOR YOUR SUPPORT. THANK YOU!

Foundation Office: 509-436-6275 or foundation@confluencehealth.org