

## **Third Party Fundraiser Guidelines**

<u>Thank you for your interest in supporting the mission of Southern Illinois Healthcare (SIH) and the SIH Foundation</u> <u>through a "Third Party Fundraising" initiative.</u> Your efforts in assisting SIH and the SIH Foundation are greatly <u>appreciated.</u>

To aid you in planning your fundraiser and to assist the SIH Foundation in tracking third party events, the SIH Foundation has developed the following guidelines pertaining to third party fundraising events to benefit SIH, the SIH Foundation or any of its affiliates. It is the anticipation that this process will make the event a more successful experience for all involved and ensure that each party's mutual expectations are clear in advance.

- The SIH Foundation respectfully requests that those wishing to host a fundraiser to benefit Southern Illinois Healthcare (SIH), complete a Third Party Fundraiser Proposal form prior to the event.
- Any flyer or promotional material planned to be utilized to promote the event must be attached to the **Third Party Fundraiser Proposal** form for prior review and approval.
- If social/digital media is to be utilized to promote the event, draft narrative and/or graphics must also be provided for prior review and approval.
- SIH Foundation staff will notify the applicant of the status of the application within <u>5 business days of</u> receiving proposal form.
- All event proceeds must be accounted for and submitted to the SIH Foundation within 7 days following the date of the event. If you need donations envelopes for your event, please contact the SIH Foundation.
- Third parties are prohibited from establishing a separate bank account in the name of SIH or any of its affiliates in conjunction with the fundraiser.
- SIH Foundation is a 501(c)3 charitable organization. Gifts will be appropriately acknowledged to individuals involved in a Third Party Fundraiser where adequate information from the donor is provided.
- SIH Foundation and other supportive staff from Southern Illinois Healthcare will make every effort to support and promote an approved Third Party Fundraiser.

## Once approved, the SIH Foundation is pleased to offer the following when appropriate:

- Use of the SIH Foundation name and logo as approved by SIH Marketing & Communications Dept for event promotion and recognition
- SIH Foundation brochures and promotional materials, as available
- Guidance and suggestions with event planning as appropriate
- Media recognition if appropriate and approved by the SIH Marketing & Communications Dept.

<u>PLEASE NOTE:</u> The SIH Foundation, SIH, and all its affiliates names and logos are the sole property of SIH and may not be used without prior approval. SIH requires review in advance of all promotion and advertisement of the fundraiser. Mail or email prior to use all radio, newspaper, flyers, t-shirt designs, etc. to:

SIH Foundation 1239 E Main St PO Box 3988 Carbondale, IL 62902-3988 <u>sihfoundation@sih.net</u> 618-457-5200 ext. 67843



## **Third Party Fundraiser Proposal**

Please complete the information below and return to the address listed at the bottom of this form. Upon acceptance of your proposal you will be contacted and a signed form returned to you for your records. Thanks for your support of the mission of the SIH Foundation.

| Name of Contact Person Org  | anizing Proposed Event  |                |                         |                   |
|---|---|----------------|-------------------------|-------------------|
| Name of Group Holding Pro   | oosed Fundraiser  |                |                         |                   |
| Contact Address   |   |                |                         |                   |
| City  | Stat  | :e             | Postal Code             |                   |
| Phone   | E-mail Address  |                |                         |                   |
| Type of Fundraiser  |   |                |                         |                   |
|   | (5K, golf tournament, p   | percentage of  | sales, etc.)            |                   |
| Monies raised will benefit:   | <ul> <li>Camp BETA – Youth Diabete</li> <li>Coach Kill Cancer Fund</li> <li>Patient Care Fund</li> <li>SIH Cancer Institute</li> <li>Other</li> </ul> |                |                         |                   |
| Date(s) of Fundraiser   | Loc   | ation(s)       |                         |                   |
| Number of People Expected   | to Attend   |                |                         |                   |
|   |   |                |                         |                   |
|   | l all its affiliates names and logos<br>undation Director. For questions  |                |                         | t be used without |
| Please send completed form<br>SIH Foundation<br>1239 E Main St, PO Box 3988, Ca<br>or email: <u>sihfoundation@sih.net</u><br>I understand the SIH Foundat | rbondale, IL 62902-3988   | draisers and a | agree to abide by them. |                   |
|   |   |                |                         |                   |
| Signature   |   | Date           |                         |                   |
| Printed Name  |   | Hosting Gro    | oup/Organization        |                   |
| The SIH Foundation has revie  | wed and approved this proposal.   |                |                         |                   |
| SIH Foundation Authorized Si  | gnature   | Date           |                         | _                 |