

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
2201 Broadway, Suite 600
Oakland, CA 94612

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