Thank you for your interest in holding a Fundraising event benefiting the CAMC Foundation. This information is designed to help you plan and carry out a fundraising event or promotion to benefit the CAMC Foundation. Please note that all fundraising activities that involve use of the CAMC name or the CAMC Foundation trademarked logo MUST BE REVIEWED AND APPROVED IN ADVANCE.

These guidelines are being established to assist others who wish to hold events where the proceeds (or at least a portion) will be donated to a designated fund(s) at the CAMC Foundation. One of the purposes of the fund could be to benefit certain programs or services at Charleston Area Medical Center.

**How we can help with your fundraising activity**

We want your fundraising activity to be successful and will do what we can to help you, including:

- Offer advice and expertise on event planning
- Provide a letter of authorization to validate the authenticity of the event and its organizers
- Provide permission to use the CAMC Foundation's name and logo upon review and approval of publicity
- Assist in designating your contribution to a specific area of interest such as research, equipment or a medical program that has special meaning for you or your company

**Guidelines**

1. An application must be completed and submitted to the CAMC Foundation no less than 6 weeks prior to the proposed fundraising activity. Approval will be granted on a per event/promotion basis. Applicants must reapply annually for approval.

2. We reserve the right to deny any application for a fundraising activity that does not complement the mission of, or project a positive image of CAMC, or the CAMC Foundation.

3. All publicity must be approved by the CAMC Foundation, prior to distribution. Copies of publicity may be submitted to CAMC Foundation, Attn: CAMC Foundation, 3412 Staunton Avenue, S.E., Charleston, WV 25304.

4. Publicity may not imply that the event is sponsored or co-sponsored by CAMC, CAMC Foundation or that the Hospital and/or the Foundation is involved as anything but the beneficiary. List the event name followed by “…benefiting CAMC Foundation.”

5. The public should be informed how the CAMC Foundation will benefit from the event or promotion. If the CAMC Foundation will not receive all of the proceeds, then the exact percentage that benefits the Foundation must be stated clearly on all related publicity.

6. The CAMC Foundation must be notified if another organization will benefit from this event.

7. Solicitation of businesses involving the direct or implied use of the CAMC Foundation name or logo must be approved in advance by the Foundation. Please understand that many companies are already supporting the Foundation and may not wish to make additional donations.
8. The CAMC’s legal counsel reserves the right to review all related contracts and service agreements. No contracts or service agreements should be signed before this review is complete.

9. CAMC Foundation will not be involved in any manner with liquor permits including the use of our name, nor can we accept money raised from the sale of alcohol.

10. CAMC Foundation and all related entities are not liable for any injuries sustained by event volunteers or participants related to an event benefiting the Foundation, and cannot assume any type of liability for your event.

11. Because CAMC Foundation resources (staff, marketing, etc.) are subject to budgetary constraints, we are unable to provide unlimited support for all fundraising activities that benefit the Foundation. We cannot, for example:

- Provide on-site staff or volunteers at fundraising events
- Share Foundation mailing list, including donors, physicians, employees, volunteers or vendors
- Provide insurance coverage
- Provide funding or reimbursement for expenses
- Guarantee attendance of staff, physicians or patients at the event or check presentations

12. To protect the Foundation, there are some activities that cannot be approved, including those that:

- involve a professional fundraiser, telemarketer and/or involve an agreement to raise funds on a commission, bonus, or percentage basis;
- request names and/or stories on CAMC patients for use in promoting or during the event;
- require Hospital endorsement of a product, service or Hospital participation in the direct sale of a product or service;
- compete or conflict with an already established or scheduled event to benefit CAMC Foundation
- fail to comply with any municipal, county, state and/or federal law; or
- involve promotion of a political party, candidate, or appear to endorse a political issue(s).

Application (Complete Parts 1, 2 and 3)

Part 1: Contract Information and Assurance

Contact Name________________________________ Title (if applicable)__________________________

Company Name or Organization (if applicable)__________________________________________________

Street Address____________________________________________________________________________

City________________________ State______________ Zip______________

Phone________________________

Fax__________________________

E-Mail_______________________
I have read, understand, and agree to abide by the preceding guidelines for special events and promotions to benefit CAMC Foundation.

Signature

Date

**Part 2: Event/Promotion Information**

1. Name of Proposed Event or Promotion: ________________________________

2. Date(s) of Proposed Event or Promotion:

3. Are there any other beneficiaries of this event or promotion: Yes___ No___
   If yes, name of other organization(s):

4. Plan for Publicity and Promotion
   (All materials must be reviewed and approved in advance by CAMC Foundation.)
   □ Press Releases to be sent to: ________________________________
   □ Flyers to be distributed to: ________________________________
   □ Public Service announcements to be sent to: ________________________________
   □ Other: ________________________________

5. List businesses other than your own that you plan to solicit for cash or in-kind donations,
   (This list must be reviewed and approved in advance by the CAMC Foundation.)

6. Please indicate below the kind of fundraising activity (ies) you would like to implement on behalf of CAMC Foundation.

**A. One-time Special Event**

Location: ________________________________
Projected attendance: ________________________________
Briefly explain how funds will be raised (ticket sales, pledges, sponsorship, auction, etc.)

Does the event require a license: Yes___ No___

**Part 3: Financial Information**

1. Revenue Estimate (Individual/Organization/Company not liable for amount listed.)
   Gross Proceeds: $ ____________
   Expenses (see #2 below): $ ____________
   Estimated Donation: $ ____________

2. Food/Beverage: $ ____________
   Printing: $ ____________
   Security: $ ____________
   Advertising/PR: $ ____________
   License Fee: $ ____________
Prizes: $______________
Supplies: $______________
Other: $______________
Total: $______________

(Remember to limit expenses to no more than 50% of gross proceeds.)

3. Does your company plan to match the amount that you raise? Yes ___ No ___

4. Donation to be transmitted to CAMC Foundation via Cash ___ Check ___ Other ___

5. Expected date of donation: __________________________

Return Entire Application to:

CAMC Foundation
3412 Staunton Avenue, SE
Charleston, WV 25304

Phone: 304-388-9860
Fax: 304-388-9861

For Foundation use only

_____ Approved  ____ Not Approved

Comments ________________________________________________

Authorized
Signature _____________________________ Date ________________