



Special Benefit Event and Promotion Guidelines & Application

Thank you for choosing Nationwide Children's Hospital (hereinafter "Nationwide Children's") as the beneficiary of your fundraising efforts. As a strong staple of the community, we must ensure any effort that uses or refers to the Nationwide Children's name or trademarked logo reflects our mission and standards. The following guidelines and subsequent application and approval process are designed to help you plan and carry out your efforts while ensuring we both honor your gift properly and honor our promise to the community. Please note that all fundraising activities that involve use of the Nationwide Children's name or trademarked logo **MUST BE REVIEWED AND APPROVED IN ADVANCE**.

How WE can help

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

- Offer advice and expertise on event planning and accepting donations
- Provide a letter of authorization to validate the authenticity of the event and its organizers
- Provide permission to use the Nationwide Children's name and logo upon approval of publicity
- Provide limited supplies including banners, table tents, and coin canisters
- Assist in designating your contribution to a specific area of interest such as research, equipment, or a medical program
- Provide written tax receipts to donors who make checks payable to "Nationwide Children's Hospital" or "Nationwide Children's Hospital Foundation"

How YOU can help

Nationwide Children's is fortunate to be the beneficiary of many community fundraising efforts. With limited staff and resources, we cannot provide support for all fundraising activities and appreciate your gifts of time and talent to help augment our efforts.* Unfortunately, we cannot:

- Provide on-site staff or volunteers at fundraising events
- Share Nationwide Children's mailing lists, including donors, physicians, employees, volunteers, vendors
- Provide insurance coverage
- Provide funding or reimbursement for expenses
- Guarantee attendance of staff, physicians or patients at the event or check presentation
- Provide names and/or stories of Nationwide Children's patients

**We will make every effort to provide staff support for events that raise more than \$100,000.*

We are grateful for your hard work and effort. Community support and independent community events are vital to the mission of Nationwide Children's.

GUIDELINES

Application/Approval Process

1. An application must be completed and submitted to Nationwide Children's no less than four 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, Nationwide Children's or its related entities.

Publicity

3. All publicity must be approved by the Nationwide Children's prior to distribution. You may e-mail, fax or mail copies of your publicity which includes but is not limited to flyers, posters, ads, and press releases to Haley.Dominique@NationwideChildrens.org, 614.355.5421, or Nationwide Children's Hospital Foundation, Attn: Special Events, P.O. Box 16810, Columbus, OH 43216-6810.
4. Publicity may not imply that the event is sponsored or co-sponsored by Nationwide Children's Hospital or that Nationwide Children's is involved as anything but the beneficiary. The approved manner in which to use our name in your publicity is to first list the event name followed by "... benefiting Nationwide Children's Hospital".
5. The public should be informed how Nationwide Children's will benefit from the event or promotion. If Nationwide Children's will not receive all of the proceeds, then the exact percentage that benefits Nationwide Children's must be stated clearly on all related publicity.

Finances

6. Nationwide Children's must be notified if another organization will benefit from this event. Please note: we can not accept donations on behalf of another organization or allocate any percentage of monies received to another organization.
7. Please limit expenses to 50% of the total raised by the event or campaign. Proceeds must be received by Nationwide Children's within 30 days after the fundraising event or promotion end.
8. Solicitation of businesses involving the direct or implied use of the "Nationwide Children's Hospital" name or logo must be approved in advance by Nationwide Children's. Please understand that many companies are already supporting Nationwide Children's and may not wish to receive additional solicitations. Please refer to our Do Not Solicit list for companies that already support the hospital.

Legal

9. Nationwide Children's legal counsel reserves the right to review all related contracts and service agreements. No contracts or service agreements should make mention or refer to Nationwide Children's. Nationwide Children's reserves the right to review all contracts and agreements before being signed.
10. Nationwide Children's 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.
11. Nationwide Children's and all related entities are not liable for any injuries sustained by event volunteers or participants related to an event benefiting Nationwide Children's, and cannot assume any type of liability for your event.
12. To protect Nationwide Children's, 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;
 - require Nationwide Children's endorsement of a product, service or participation in the direct sale of a product or service;
 - compete or conflict with an already established or scheduled event to benefit Nationwide Children's;
 - fail to comply with any municipal, county, state and/or federal laws;
 - involve promotion of a political party, candidate, or appear to endorse a political issue(s).

APPLICATION

Part 1: Contact Information and Assurance

Contact Name _____ Title (if applicable) _____

Are you a (an): Individual Community Group Business Foundation Other
 Kinder Key Member Pleasure Guild Member TWIG Member Circle of Friends Member

Organization Name (if applicable) _____

Name as you would like to be recognized _____
(Do you want the event name, organization name, individual name, etc.?)

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I have read, understand, and agree to abide by the preceding guidelines for special events and promotions to benefit Nationwide Children's Hospital. I understand the information I provide in this application is kept on file and will be made available to the public upon request.

Signature _____ Date _____

Part 2: Event / Promotion Information

1. Name of Proposed Event or Promotion: _____

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

3. Location of Proposed Event or Promotion: _____

4. Briefly describe the event: _____

5. Projected Attendance: _____

6. Does the event require a license? Yes No

7. Are there any other beneficiaries of this event or promotion? Yes No
If yes, name of other organization(s): _____

8. Plan for Publicity and Promotion
(All materials must be reviewed and approved in advance by Nationwide Children's.)
 Press Releases to be sent to: _____
 Flyers to be distributed to: _____
 Public Service Announcements to be sent to: _____
 Website: _____
 Social Media: _____
 Other: _____

9. 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 Nationwide Children's.) _____

10. Please indicate below how funds will be raised (ticket sales, pledges, sponsorship, auction, etc.) _____

11. What event supplies would help your efforts? (Please note, all requests will be filled based upon current supply and availability – supplies may be unavailable.)
- Nationwide Children's Logo (will be e-mailed subject to approval of event and publicity materials)
- "I Support Nationwide Children's" Sticker # _____ Coin Canister # _____
- Banner # _____ Table Tent # _____ Other: _____
12. If approved, your event may be added to our events calendar at www.NationwideChildrens.org/EventsCalendar.
 If we choose to add your event, what contact name, number, e-mail, etc. should be listed?

Part 3: Financial Information

Remember to limit expenses to no more than 50% of gross proceeds. All donations must be made within 30 days of completion of the event or promotion.

1. Revenue Estimate (Individual/Organization/Company not liable for amount listed.)
- | | |
|--|-------------------|
| # of Participants _____ X Amount Collected Per Participant _____ = | \$ _____ |
| # of Sponsors _____ X Amount Collected Per Sponsor _____ = | + \$ _____ |
| Additional Donations = | + \$ _____ |
| Estimated Total Revenue | = \$ _____ |
2. Estimated expenses include:
- | | |
|---------------------------------|-------------------|
| Venue Rental and Fees = | \$ _____ |
| Food/Beverage = | + \$ _____ |
| Printing = | + \$ _____ |
| Security = | + \$ _____ |
| Advertising/PR = | + \$ _____ |
| License Fee = | + \$ _____ |
| Prizes = | + \$ _____ |
| Supplies = | + \$ _____ |
| Other = | + \$ _____ |
| Estimated Total Expenses | = \$ _____ |
3. Total Estimated Gift
- | | |
|-----------------------------|-------------------|
| Estimated Total Revenue | \$ _____ |
| Estimated Total Expenses | - \$ _____ |
| Total Estimated Gift | = \$ _____ |

4. Does your company plan to match the amount that you raise? Yes No
5. Donation to be transmitted to Nationwide Children's via Cash Check Other: _____
6. Expected date of donation: _____ (Note: all donations must be made within 30 days of completion of the event or promotion.)
7. Would you like information on how Nationwide Children's can assist with processing donations and providing participants with a charitable tax receipt? Yes No

Part 4: Your Inspiration

1. Why did you choose Nationwide Children's Hospital as the beneficiary of your event? _____

Return Entire Application via:

Email: Haley.Dominique@NationwideChildrens.org

Fax: 614.355.5421

Mail: Nationwide Children's Hospital Foundation
 ATTN: Special Events
 P.O. Box 16810
 Columbus, OH 43216-6810

For Foundation use only	
_____ Approved	_____ Not Approved
Comments _____ _____	
Authorized Signature _____ Date _____	