

Fundraising Activity Request Form and Guidelines



Thank you for your interest in organizing a fundraising activity or promotion to benefit American Family Children's Hospital (AFCH). So that we may help coordinate all activities and prevent competition that may limit the success of your activity, please complete this form and return it to AFCH. Due to the sensitive nature of our mission of caring for children, we do require that all activities be approved by AFCH / University of Wisconsin Hospital & Clinics.

Once your activity has been approved, you will receive approval from AFCH to use the American Family Children's Hospital name and logo in your fundraising.

If you have any questions about this form or to discuss your plans to organize a fundraising activity benefiting AFCH, please contact **Lori Schultz at 608-890-9308 or lschultz2@uwhealth.org**.

Name of activity: _____

Sponsoring organization/business: _____

Contact person: _____

Title: _____

Address: _____

Daytime phone: _____

Fax: _____

Email address: _____

Activity date(s) and time(s): _____

Activity description: _____

How will you raise money through this activity? _____

How do you plan to publicize this activity? (Any promotional material including American Family Children's Hospital must be approved in advance.) _____

If you plan to seek gifts or donations from local businesses, please list them here:

Projected proceeds: \$ _____

Projected expenses: \$ _____

Estimated gift to AFCH: \$ _____

We would like our funds to support:

- | | |
|--|---|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> UW Kids Cancer Research and Patient Care |
| <input type="checkbox"/> Patient & Family Fund | <input type="checkbox"/> Pediatric Research |
| <input type="checkbox"/> Child Life Fund | <input type="checkbox"/> Care Innovation |

Fundraising Guidelines

1. All fundraising activities for AFCH require written permission from American Family Children's Hospital / University of Wisconsin Hospital & Clinics in advance. To receive permission, please submit a Fundraising Activity Form and a signed copy of the Fundraising Guidelines at least six weeks before your proposed activity.
2. AFCH reserves the right to reject any promotion or organization that does not compliment the goals and mission of AFCH.
3. Contributions may not be solicited and public announcements or promotions of the activity may not be made until you receive written permission.
4. Please advise AFCH if your activity plans change.
5. An important element of a successful fundraising activity is adequate and effective promotion. We will work with you to gain as much exposure for your activity as possible. All publicity (plans and content) must be approved in advance by AFCH.
6. "American Family Children's Hospital" may not be used when naming your activity. Instead, a phrase such as "to benefit American Family Children's Hospital" should be used. For example, the name "American Family Children's Hospital Penny Drive" may not be used, but "Penny Drive to benefit American Family Children's Hospital" may.
7. AFCH cannot sponsor or endorse fund-raising activities or products. Materials should state, "Proceeds will benefit American Family Children's Hospital."
8. The public should be informed regarding amounts that will actually be donated to the hospital, especially if that amount is less than 100 percent of the net proceeds. (For example, "Ninety percent of the proceeds will benefit American Family Children's Hospital" or "\$10 will be donated to American Family Children's Hospital.")

9. The logo of American Family Children's Hospital is a registered trademark and may not be reproduced without permission from the hospital.
10. Any item offered for sale that displays the AFCH logo or any UW Hospital and Clinics logo is subject to a royalty payment of 8 % of the sale price to University of Wisconsin–Madison.
11. You must obtain all necessary permits, licenses and insurance. If you enter into any contracts for the activity, please send copies to AFCH. You may not enter into any contracts on behalf of AFCH.
12. Please limit expenses to less than 50 percent of the total amount raised.
13. If expenses exceed donations, the group organizing the activity is responsible for payment.
14. Within 60 days after the last day of the fund-raising activity, please send a statement accounting for the income and expenses to AFCH and a check or money order made payable to “American Family Children’s Hospital.”
15. Because many businesses support AFCH, please contact us for approval before asking any business for a donation. We will be glad to work with you to coordinate efforts.
16. Please be aware that the IRS has issued regulations regarding the deductibility of charitable donations. For example, if you are providing your donors with something of value as part of their contribution, not all of their donation may be tax deductible. It may be necessary to deduct the value of the service, gift or meal they receive before the deductible portion of the contribution is realized.

Certification

I understand that I may not use the name “American Family Children’s Hospital” or its logo for any purpose *or proceed with the proposed fundraising activity* until I receive approval from the Vice President of American Family Children’s Hospital or designee.

The information provided on this form is correct and accurately describes the proposed fundraising activity.

I have read and agree to follow the above guidelines.

Signature _____ Date _____

Please keep a copy of this Fundraising Activity Form and Guidelines and return the original.

Thank You!