



**Seattle Children's**  
HOSPITAL • RESEARCH • FOUNDATION

## Special Event and Promotion Proposal Form

Please complete this form with as much information as possible. **Seattle Children's requirements and guidelines for participation in your event may vary depending on the nature of the event.**

### Contact Information:

Name of Sponsoring Organization/Individual: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Details:

☐ Event ☐ Promotion

Name of Event or Promotion: \_\_\_\_\_

Date & Time: \_\_\_\_\_ Location: \_\_\_\_\_

Target Audience: \_\_\_\_\_

### Description:

## Seattle Children's Affiliation:

Please describe any prior or current affiliations you have with Children's.

## Budget:

If you plan to use proceeds from the event to help cover expenses **please submit a separate preliminary budget** including amounts of anticipated revenue and expenses. We suggest you open a new checking account for your event.

As stated in the Guidelines for Fundraising Events, in order for Seattle Children's to consider approving your event, expenses must not exceed 1/3 of the gross revenue. Please include how the money will be raised, the donation percentage of an ongoing promotion and your fundraising goal.

**Final proceeds and donations should be submitted to the Seattle Children's Hospital Foundation within 45 days of the event.**

Do you intend to use a portion of the proceeds to cover expenses from your event?

☐ Yes    ☐ No

Proceeds to benefit (please choose one):

☐ **Greatest Needs**  
An unrestricted gift provides the most flexibility to meet the needs of our young patients.

☐ **Research Discovery Fund**  
Provides support for innovative research bringing greater potential for life-saving cures and clinical advancements to our patients.

☐ **Uncompensated Care**  
Helps us care for every child in our region, regardless of insurance coverage or a family's ability to pay.

☐ **Other:** \_\_\_\_\_

## Promotion:

Do you intend to use Children's name and logo?

☐

Yes

☐

No

**Seattle Children's requires all promotional materials that include the hospital name or logo to be reviewed and approved by Children's before production.** Please allow 5 business days for review.

Please check all forms of planned promotion:

☐

Print

☐

Internet

☐

T.V.

☐

Other: \_\_\_\_\_

☐

Radio

## Sponsors/Underwriters:

Please list all businesses, individuals and organizations you plan to contact for cash or in-kind support. **Before you make any request Children's must approve your list.**

## Support You Can Expect From Seattle Children's:

Pending your proposal's approval Children's may be able to provide you with assistance. Please indicate what type of support you request:

☐

Logo use

☐

Fundraising ideas

☐

Patient story videos

☐

Placement on "Calendar Events" or "Shopping" page on Children's web site

☐

Placement in the Children's employee e-newsletter

☐

Brochures

Depending on the nature and needs of your event we may be able to offer further representation and assistance.

**The Special Events Team will evaluate your event proposal and respond within 5 business days.**

## **School or Community Project Information:**

Children's requires that students or individuals under the age of 18 have a mentor or adult advisor to oversee the coordination of a school or community event/project.

Mentor/Advisor Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ School Telephone: \_\_\_\_\_

## **Signatures:**

I have read Seattle Children's Guidelines for Fundraising Events and commit to compliance.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send your proposal and event proceeds to:**

**Seattle Children's Hospital Foundation**

**Special Events Team**

**P.O. Box 5371 MS: S-200**

**Seattle, WA 98145**

**Phone: (206) 987-2153**

**Fax: (206) 987-4845**

**[askus@seattlechildrens.org](mailto:askus@seattlechildrens.org)**