PRESBYTERIAN
Healthcare Foundation

Third-Party Fundraising Event Agreement

Thank you for your interest in hosting an independent third-party fundraising event to benefit Presbyterian Healthcare Foundation! Events such as yours are important in our efforts to raise funds to support the work of Presbyterian Healthcare Services. We welcome this philanthropic spirit and will assist you to the extent that we are able. The following guidelines are provided to enhance the success of your event while protecting Presbyterian's brand, donors and sponsors. The Foundation welcomes support from the community in the form of third-party fundraising and is grateful for all contributions and support for community health care.

Please review the following documentation and if you have any questions not answered by these guidelines, please contact Presbyterian Healthcare Foundation at phfevents@phs.org or (505) 724-6578.

The following activities are prohibited in conjunction with third-party events for the benefit of Presbyterian Healthcare Foundation:

- Programs that raise money on commission
- Events involving the promotion or support of a political party or candidate, or those which appear to endorse a political activity

Third Party Event Guidelines

- All fundraising events for the benefit of Presbyterian Healthcare Foundation (PHF) must be approved in advance. The Event Agreement and Application must be completed and filed with PHF no later than 60 days prior to the proposed activity start date.
- Fundraisers which benefit PHF must reflect positively on its mission. PHF reserves the right to decline any proposal that is not in line with our mission.
- PHF must receive and approve a list of targeted sponsors for the event before they are approached in order to minimize overlap with other PHF events and/or fundraising campaigns.
- Third-party fundraising events must be fully executed by the third-party fundraiser(s). PHF staff is available to provide fundraising coaching and recommendations during your planning process, however, due to limited resources, PHF staff cannot plan third-party events.
- Event organizers are responsible for obtaining all permits, licenses and insurance certificates. Please note that raffles, drawings and other games of chance are governed by state and federal laws. These events may not be licensed under Presbyterian Healthcare Foundation. The event organizer should allow extra time for proper permits to be filed.
- PHF assumes no legal or financial liability associated with third-party events.
- Fundraisers must fully and truthfully state the portion of proceeds which will be donated to PHF in all advertising, promotions and in all contact with donors, sponsors and participants. If less than 100% of the net proceeds will be donated, the "portion of proceeds" may be stated as a percentage of net proceeds.

PO Box 26666
Albuquerque, NM 87125

Phone: (505) 724-6580 **Fax: (505) 841-1113** **Email:phfevents@phs.org**

- The organizer must provide a summary of results relevant to the event program within 30 days of the conclusion of the event.

Name and Logo Usage

The use of Presbyterian Healthcare Foundation or Presbyterian Healthcare Services and its affiliates' name or logo may not be used in any way without written approval. PHF must approve all promotional materials, including but not limited to advertising, letters, brochures, flyers and press releases prior to distribution.

- All promotional materials should clearly state the event is sponsored by your or your organization with net proceeds benefiting Presbyterian Healthcare Foundation. If a percentage of event proceeds are coming to PHF, this must be stated in your materials.
- PHF will promote programs/events through our networks on a case-by-case basis.
- PHF does not purchase advertising to promote third-party events.
- PHF will make every effort to have a staff member or volunteer representative at your event, if requested, but cannot guarantee availability.

Financial Guidelines

- PHF is unable to incur third-party expenses or provide funds for third-party events.
- No bank accounts or holding accounts may be established under the PHF or PHS name.
- The event organizer shall not retain any portion of the event proceeds as personal profit or compensation.
- The organizer agrees to minimize expenses related to the event and to provide PHF with an event plan and budget if requested. Net proceeds (gross proceeds less all related expenses) must be delivered to PHF within 45 days of the event conclusion.

Collateral and Communications

Presbyterian Healthcare Foundation must be informed of and approve all press and media coverage for third party events.

Media training may be required by Presbyterian's Media Department.

Charitable Giving Guidelines

- Unless your organization is a registered non-profit entity, donations made to it are not tax deductible.
- Donations made directly to a third-party event can be used to cover the event expenses, but are not tax-deductible.
- A donation solicited on behalf of PHF, whether an item or cash, is fully tax deductible only when it is made directly to PHF. In order for a tax receipt to be issued, PHF must be provided with the donor's name, address, phone number and proof of donation.

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- The purchase of auction items, raffle tickets and other goods are not tax-deductible unless otherwise evaluated by PHF staff.

Agreement

I acknowledge that I have read and agree to be bound by all terms and conditions of this third-party agreement.

Agreed and Accepted

_____ _____

Signature Date

_____

Print Name

This agreement is not valid until signed by an authorized Presbyterian Healthcare Foundation staff member.

__ _____ _____

Presbyterian Healthcare Foundation Date
Authorized Signature

_____

Presbyterian Healthcare Foundation
Authorized Staff Person (Print Name)

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CONTACT INFORMATION

Company/Organization/Individual Hosting the Event: _____

Contact Name/Responsible Party: _____

Mailing Address: _____

E-Mail: _____ **Phone:** _____

EVENT DETAILS

Name of Proposed Event: _____

Description of the Event including Activities, Agendas, etc. (Please attach additional sheets if necessary): _____

_____

_____

_____

Event Date(s): _____ **Event Time:** _____

Event Location and Address: _____

Anticipated Attendance: _____

Who is your target audience? _____

Is there an admission fee or requested donation amount to attend the event? _____**Yes** _____**No**
If yes, what is the fee or donation? $_____

Please list any known/prospective event sponsors: _____

_____

_____

What other non-profit organizations are being invited to participate? _____

What assistance, participation, materials, etc., if any, are you requesting from PHF? _____

_____

_____

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How will you promote the event? _____

_____

Please describe any planned use of Presbyterian's name or logos in association with this event:

_____

_____

How will funds be generated to support PHF?

_____**Ticket Sales/Entry Fee** _____ **Auction proceeds**

_____**Donations from attendees** _____ **Other** _____

_____**Percentage of sales**

Projected Income: $_____ **Projected Expenses: $**_____

Would you like the funds raised to be donated to a specific area of Presbyterian Healthcare Services' work, or would you like funds to be applied in the area(s) of greatest need?

_____

Why did you choose to raise funds for Presbyterian Healthcare Foundation? _____

_____

_____

Additional Information:

_____

_____

Thank you for your efforts to raise funds in support of our mission. Your time and commitment are deeply appreciated!

Please return the completed forms with applicable information to:

Presbyterian Healthcare Foundation
PO Box 26666
Albuquerque, NM 87125-6666

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