



HOSPICE *of* LENAWEE

Hospice of Lenawee External Fundraising Event Packet

Events held by individuals or organizations to benefit Hospice of Lenawee, Inc., which are not under the organization's immediate control, are known as external events. Hospice of Lenawee, Inc. (HOL) is a 501 © (3) nonprofit organization. To guarantee that charitable IRS laws are followed, prior approval must be obtained from HOL whenever the organization is a designated beneficiary for an external event. HOL's responsibility is limited to serving as a liaison, providing information and offering advice to event organizers.

HOL assumes no responsibility for unauthorized use of its name, nor for the actions of the event organizers who solicit funds on behalf of HOL under fraudulent circumstances.

Approval Process

Please submit the External Event Approval Form to Hospice of Lenawee office by email, fax or U.S. mail at least 90 days prior to the potential event date. You will be contacted with any questions or comments that may result from the evaluation of your application. Permission for the use of the HOL name, logos, or other pertinent materials will be determined by the information supplied in the required event documentation. Please do not use the Hospice of Lenawee name in connection with an external event until you have received a copy of the signed and approved external event form, which details your obligations and rights.

Unauthorized fundraising methods and promotions

Hospice of Lenawee gratefully accepts donations and/or awareness generated by fundraising or promotional activities on behalf of or in conjunction with individuals or other organizations. There are, however, certain procedures and/or sponsorships that are unacceptable to the organization. Among these are:

- Promotions to attract new patients to any form of medical treatment.
- Promotions related to the delivery of professional or nonprofessional services.
- Use of the HOL name in relation to any business activity that cannot guarantee full accounting of funds generated, such as vending machines.
- Door-to-door or telephone solicitation.
- Use of the HOL name at the direct point-of-purchase sale of alcoholic or tobacco products.
- Customer prospect campaigns conducted by independent contractors.

Hospice of Lenawee, Inc.
1903 Wolf Creek Hwy.
Adrian, MI 49221
Phone: (517) 263-2323 Fax: (517) 263-1425

External Fundraising Event Agreement

In order to receive approval for your proposed external fundraising event, you must comply with the following regulations:

1. You must complete and return the External Event Approval Form to Hospice of Lenawee at least 90 days prior to the potential event date. HOL will respond to all requests within 15 days of receipt of the signed document.
2. The use of the HOL name, logos or other pertinent materials will only be authorized after completion of the External Event Approval Form. The event sponsor/organizer is only authorized to use the Hospice of Lenawee name in connection with the specified fundraising event and only until the completion or termination of this agreement.
3. The amount or percentage of monies to be donated to Hospice of Lenawee must be included in all advertisements.
4. All donations received by the hosting organization must be delivered or mailed to Hospice of Lenawee within two weeks of receipt.
5. The event sponsor/organizer will complete all tasks necessary for organizing the fundraising event and shall assume full responsibility for the payment of all expenses in connection therewith, without regard to the amount of funds collected for the event. Hospice of Lenawee will not underwrite any portion of an external event or project, nor will it be responsible for any expenditure related to the external event.
6. The event sponsor/organizer must comply with all necessary local or government regulations. This includes, but is not limited to, registering with appropriate agencies, purchasing insurance and following any rules of disclosure currently required by the IRS and required state and local licenses and permits.
7. The sponsor organization/individual holding the event intended to benefit Hospice of Lenawee indemnifies and holds Hospice of Lenawee harmless from any and all claims that may arise as a result of this event.
8. Note that any endeavor, which necessitates Hospice of Lenawee to request its donors to make or solicit purchases, will not be accepted.

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Hospice of Lenawee, Inc.
External Event Application Form

Sponsor/Organizer of Event Information:

Contact Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

Event Information

Type of Event (Run, Dinner, Auction, etc.) _____

Name of Event _____

Date(s) Time (s) of Event _____

Description of Event _____

Location of Event _____

Is this a first-time event? ___ Yes ___ No

If not, how many times has this event been held? _____

Are there other beneficiaries? ___ Yes ___ No

If yes, please list: _____

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How will funds be raised? (E.g. – raffle tickets, ticket sales, auction, sponsorship, etc.)

How will you promote the event? (e.g. – newspaper, flyers, PSA, etc.)

How will you use the Hospice of Lenawee name and logo in the PR & marketing materials?

Note: If your event is approved, please submit copies of the use of Hospice of Lenawee logo and all printed materials bearing the HOL name and logo for approval by the organization before printing final copies or creating any materials developed for your event that includes information.

Please list the estimated expenses and explain how they will be covered. You may attach additional information if needed.

Estimated fundraising goal _____

I agree that until written permission has been received by HOL, contributions will not be solicited in the name of our organization.

_____ Yes _____ No

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I have read and understand the Hospice of Lenawee, Inc. External Events Agreement and I will comply with all of the guidelines.

Date _____

Signature

Printed Name

Title and Contact Information

Organization (if applicable)

Please email this form to Susan Turner, Director of Community Education & Development at sturner@hospiceoflenawee.org or print and mail to:

Hospice of Lenawee, Inc.

Attn: Susan Turner

1903 Wolf Creek Hwy.

Adrian, MI 49221

If you have additional questions, please call 517-263-2323.

HOL Office Only

Approved: ____ Yes ____ No

Notes:

Signed:

Date:

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