

Are there other beneficiaries beside Chilton Medical Center?

No Yes *If yes, please list organization(s):*

Briefly describe the event and how funds will be raised (e.g., ticket sales, pledges, sponsorship, auction, raffle, etc.). Attach a separate sheet if necessary. _____

How will the event be publicized (e.g., press releases, flyers, radio/TV/newspaper/magazine advertisements)?

Does the event require a permit, license or insurance?

No Yes *(If yes, please forward copies of these forms to the Foundation at least two weeks prior to the event.)*

Projected Net Donation to Chilton Medical Center: \$ _____

Costs will be paid: Through proceeds By event organizer

Please indicate the date that the donation will be received by Chilton Medical Center. *(Proceeds should be forwarded to the Foundation within 30 days of the event.)* ____ / ____ / ____

Will your gift be restricted to a specific fund for Chilton Medical Center? No Yes

If yes, which fund? _____

Signature of Applicant _____

Date ____ / ____ / ____

Please print first and last name below:

Please mail or email completed form to:

Chilton Medical Center Foundation
97 West Parkway, Pompton Plains, NJ 07444
chilton.foundation@atlanticealth.org

Chilton Medical Center Foundation
97 West Parkway
Pompton Plains, NJ 07444
973-831-5165
atlanticealth.org/chiltonfoundation



**Atlantic
Health System**
Chilton Medical Center
Foundation

Community-Based Special Events



**Atlantic
Health System**
Chilton Medical Center
Foundation

Community-Based Special Events to Support Chilton Medical Center

Thank you for your interest in hosting an event to benefit Chilton Medical Center. We are always grateful for the generous support of our friends in the community who share our commitment to the health and well-being of all people. Your support helps ensure life-saving treatment and compassionate care for everyone.

Chilton Medical Center Foundation Will:

- Thank donors for donations made directly to the Foundation
- Provide and approve the use of the Foundation logo
- Assist your organization in directing contributions toward areas of special interest or areas of need within Chilton Medical Center
- Provide a letter of authorization to be used to validate the authenticity of the event and its organizers
- List event on the Foundation's website at atlantichealth.org

Chilton Medical Center Foundation Will Not:

- Provide staff or volunteer support
- Provide our tax exemption number to event coordinators
- Provide startup costs, underwrite expenses, or provide funding or reimbursement for event expenses
- Provide mailing lists of donors, employees, physicians or vendors
- Provide Chilton Medical Center or Foundation letterhead
- Guarantee attendance of patients, physicians, staff or volunteers at the event

Guidelines for Your Event

The following guidelines have been established to protect the name and reputation of Chilton Medical Center, Chilton Medical Center Foundation and Atlantic Health System, as well as the interests and financial support of event patrons.

- An application form must be submitted to the Foundation at least 60 days prior to the proposed event for approval.
- The Foundation must approve — in advance of

printing or use — all invitation copy, advertisements or other promotional materials related to the event where Chilton Medical Center or its entities will be mentioned. The logos of Chilton Medical Center and the Foundation are registered trademarks and cannot legally be reproduced without written permission. Please allow up to two weeks for the approval process.

- Chilton Medical Center cannot sponsor or endorse fundraising events or products. Materials should state, "Proceeds will benefit Chilton Medical Center."
- If Chilton Medical Center will not be receiving all of the proceeds from the event, the exact percentage of the proceeds to benefit the medical center must be clearly stated in all invitation copy, advertising and promotional materials.
- Events must comply with all federal, state and local laws governing charitable fundraising, gift reporting and special events. Please note that certain gaming events require a license.
- If an organization plans to solicit contributions, sponsorships or in-kind gifts from local businesses, the list of potential business sponsors must be reviewed and approved by the Foundation before any local businesses are approached in any way.
- The Foundation cannot solicit sponsors or in-kind sponsors for your event, or provide in-kind support from any Chilton Medical Center or Atlantic Health System entity.
- Please submit event proceeds to Chilton Medical Center Foundation within 30 days of the event.
- Under no circumstances may an individual keep any portion of the proceeds as profit or compensation for organizing the event.
- Please note that expenses should not be more than 50 percent of the total revenue.
- Please advise the Foundation if the event plans change from what was originally approved.
- A new application must be submitted each year for all annual events.
- You agree to indemnify and hold harmless Chilton Medical Center, the Foundation, Atlantic Health System, and all clinics, programs, officers, directors and employees from any and all claims and liabilities in any way related to the event.
- You will be responsible for furnishing liability insurance for all activities, will list the Foundation as additional insured, and will provide a certificate of insurance to the Foundation at least 30 days in advance.

Special Events Application

Before you hold an event to raise money for Chilton Medical Center, the Chilton Medical Center Foundation must approve this application. Please return the completed application by mail or email to chilton.foundation@atlantichealth.org. The application form should be submitted at least 60 days prior to the proposed event date. However, we can accept applications 12 months before an event.

Today's Date ____/____/____

Name of Group/Company/Individual Planning the Event

Contact Name _____

Mailing Address _____

City _____ State ____ Zip _____

Email Address _____

Daytime Phone (_____) _____ - _____

Evening Phone (_____) _____ - _____

Fax (_____) _____ - _____

Name of Proposed Event _____

Date of Event ____/____/____ Time of Event _____

Location of Event _____

Address _____

City _____ State ____ Zip _____

Is event: Open to the Public By Invitation Only
 New Event Repeat Event
(If repeat, when previously held? ____/____/____)

Ticket price (if applicable): \$ _____

For publicity purposes, please provide a phone number, email address and/or event website that can be listed in newsletters, websites and other public venues.

Phone (_____) _____ - _____

Email Address _____

Event Website _____