



Children's Miracle Network at Penn State Children's Hospital Community Fundraising Guidelines

DEFINITION

A "Community Fundraiser" is defined as an organization, group or individual raising money on behalf of Children's Miracle Network or any of its related entities, through a fundraising event or initiative.

HOW WE CAN HELP

Children's Miracle Network (CMN) can:

- ✓ Provide advice for initial event planning to share strategies, suggestions, resources, and samples.
- ✓ Be a resource for questions throughout the planning process.
- ✓ Provide printed stories, photos and video of Miracle Children and Families.
- ✓ Review all printed materials to provide CMN approved nomenclature and logos.
- ✓ Upon request, can provide businesses with the tax-exempt number for tax purposes or to verify the tax-exempt status of Children's Miracle Network at Penn State Children's Hospital.
- ✓ Schedule an organization representative or Miracle Family to attend/speak at the event or to the planning committee about the mission of CMN (based on availability).
- ✓ Organize a check presentation and/or a tour of the Children's Hospital for the planning committee.
- ✓ Review pre and post-event press releases.
- ✓ Provide CMN educational materials (brochures, family stories, etc.) for the event.
- ✓ Provide limited CMN supplies (banners, stickers, etc.) for the event (based on availability).
- ✓ Process checks and gift-in-kind forms for University receipting.
- ✓ Post event information/flier on the CMN website.
- ✓ Create a personal event fundraising webpage through DonorDrive that allows people to donate directly to your fundraising event online using a credit card.

GUIDELINES FOR THE FUNDRAISER

- Children's Miracle Network must approve the fundraising event in advance and will ensure the event follows CMN guidelines and is consistent with its mission and values. Please note:
 - CMN will respond to your application within ten (10) business days.
 - CMN will not be involved in an event that promotes a political party, candidate or appears to endorse political issue(s).
 - The fundraiser cannot use CMN tax-exempt status to apply for funding.

- Due to limited resources, CMN staff, physicians, and faculty members are unable to help plan, manage, and execute fundraisers.
- CMN representation must be requested at the time of application. Due to the large number of requests, we cannot guarantee that a CMN staff person (including medical staff) or a Miracle Family will be able to attend/participate.
- CMN will not provide mailing lists for donors, patients, staff and/or employees for fundraising purposes and is unable to mail information on behalf of the event.
- CMN will not solicit sponsorship for fundraising events on behalf of the organizer and will not sponsor community fundraising activities that benefit the charity.
- Each application will be considered individually. Generally, events that will not be authorized are events that:
 - Do not support the mission and values of CMN.
 - Would potentially conflict with a marketing or public relations campaign.
 - Would require CMN to sell tickets, coupons, etc. or involve telemarketing or door-to-door solicitation.

Permits/Expenses/Liabilities

- The Fundraiser is responsible for covering all expenses for the event. CMN will not incur costs for an event, and will not be able to reimburse the Fundraiser. Event costs should be deducted from the funds raised prior to sending the donation to CMN.
- The Fundraiser is responsible for obtaining all permits, especially those for raffles and/or games of chance. CMN will not be involved, in any manner, with obtaining liquor permits.
- CMN is not liable for any injuries sustained by event coordinators, volunteers, participants, or any other individuals related to an event benefiting CMN or an affiliate.
- If your event/initiative will include individuals under the age of 18, we recommend having proper adult supervision and that those adults obtain the following clearances: Pennsylvania Child Abuse History Clearance and Pennsylvania State Police Criminal Record Check.

Contributions and Funds Raised

- All event proceeds (checks payable to *Children's Miracle Network*) should be mailed within 30 days to:
 Children's Miracle Network at Penn State Children's Hospital
 Attn: Elizabeth Wilson
 1249 Cocoa Avenue, Suite 115
 MC HS21
 P.O. Box 852
 Hershey, PA 17033-0852

- Please note the fundraising event name or initiative in the memo line.
- CMN will not accept funds from individuals or organizations that fail to comply with any municipal, county, state and/or federal law.

Marketing/Promotion/Publicity:

- Publicity may not suggest that the event is being sponsored, co-sponsored, or produced by CMN, but instead must state that CMN is the event's beneficiary. All publicity must specifically state within the marketing materials that the event is ***"an independent fundraising event benefiting CMN."***
- The Fundraiser is responsible for marketing and promoting the event, including media, press releases, posters, flyers, and advertising. CMN reserves the right to review and approve all such marketing materials in advance of publication.
- If/when the event is approved, a CMN letter of support will be provided to validate the event and support event solicitation activities.

Logos/Photos/Website:

- Logo/photo use is not permitted without approval from CMN. This includes downloading CMN logos/photos from the Internet.
- Photos on the CMN website (CMNHershey.org) are the property of CMN, and reproduction of photos is not permitted without approval from CMN.
- If logo/photo use is permitted, all materials using the logo/photo must be submitted to the Assistant Director, Community Fundraising prior to the print deadline. The submission must be "proof" quality to represent the true nature of what is being produced.
- Event logos may be developed, but must remain separate and distinct from the CMN logo(s). CMN reserves the right to approve event logos prior to it being used in print or other media.

**Children's Miracle Network at Penn State Children's Hospital
Community Fundraising Application**

DATE SUBMITTED: _____

CONTACT INFORMATION

Name of Individual/Organization/Group planning the event: _____

Purpose of Organization: _____

Relationship with/to CMN: _____

Contact Person: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

EVENT INFORMATION

Event Name: _____

Event Date: _____ Time: _____
 Month Day Year

Event Location: _____

Address: _____

City: _____ State: _____ Zip: _____

Event Description: _____

Has this event taken place before? Yes No If yes, when? _____

Please list any corporate sponsors that will be involved: _____

This event is: By Invitation Only Open to the Public Projected Attendance: _____

CMN representative/Miracle Family requested: Yes No

Personal Event Fundraising Webpage requested: Yes No

FINANCIAL INFORMATION

Please list any beneficiaries other than CMN: _____

Estimated Gross Revenue: \$ _____ Estimated Expenses: \$ _____

Estimated NET proceeds to be given to CMN: \$ _____

Expected date NET proceeds will be given to CMN: _____

I/we have read the attached Children's Miracle Network Community Fundraising Guidelines & Application in full. I/we agree to adhere to those guidelines in planning and executing our event/activity. I/we understand that the guidelines are not comprehensive and that all decisions for the event/activity, including safety precautions, remain the responsibility of the event/activity sponsor. Children's Miracle Network and all of their respective affiliates do not accept or assume liability associated with the event/activity.

Check to agree to above terms

or

Date

and mail to:

Title/Name of Company or Organization

Children's Miracle Network
Attn: Elizabeth Wilson
P.O. Box 852
MC HS21
Hershey, PA 17033-0852