

Children’s Miracle Network at Penn State Health Children’s Hospital Community Fundraising Agreement

Penn State Health Children’s Hospital, a member of Children’s Miracle Network (CMN) Hospitals, is the generous recipient of support from a variety of community fundraising efforts.

Community fundraising is defined as an organization, group or individual raising money on behalf of CMN through a fundraising event or campaign.

We’re grateful for your interest in organizing a community fundraiser (“Fundraiser”) to benefit CMN. All community fundraisers **must pre-register** with CMN by completing the form below. Before submitting your agreement, review the ‘Community Fundraising Guidelines’ to ensure compliance.

Date:

CONTACT INFORMATION

Primary Contact Name:

Company (if Fundraiser is affiliated with a company/organization):

Address:

City:

State:

Zip:

Email Address:

Preferred Phone Number:

FUNDRAISER DETAILS

Select Fundraiser Type: Event Employee Giving In-store Campaign

Fundraiser Description:

Fundraiser Date/Timeframe:

Fundraiser Location (if different from address above):

Fundraiser Location Address:

City:

State:

Zip:

Has Fundraiser taken place before?

Yes No

Please list any sponsors that will be involved:

What is the fundraiser's monetary goal?

Is CMN the sole beneficiary of this fundraiser?

Yes No

If no, please list other beneficiaries:

What percent of funds raised will CMN receive?

(We respectfully ask that no less than 33% of funds raised benefit CMN)

Is the fundraiser: Private Public

Does the fundraiser have a website or social media page?

Yes No

If yes, please list the Website or social handles:

Are you interested in setting up a fundraising webpage on CMNHershey.org?

Yes No

Would you like a CMN representative or Miracle Family to participate?

Yes No

(Please note: participation is not guaranteed and is pending availability)

If yes, please share details of the individual(s)' expected participation:

REMITTANCE OF FUNDS RAISED

Please submit Fundraiser proceeds no later than 30 days post event to:

Children's Miracle Network

PO Box 852

Hershey, PA 17033-0852

**Please note the Fundraiser on the memo line*

A single charitable receipt from The Pennsylvania State University will be issued. We cannot receipt individual, sponsor or in-kind contributions to the Fundraiser.

I/we have reviewed and agree to follow the 'Community Fundraising Guidelines' in full. I/we will adhere to those guidelines in the planning and execution of the Fundraiser. I/we assume all responsibility for the fundraiser. I/we understand that Children's Miracle Network Hospitals, The Pennsylvania State University, nor any of its entities, accept or assume liability for this fundraiser.

Signature

Date

Printed Name

Title (if applicable)

Company Name (if applicable)

Thank you for completing the Children's Miracle Network Community Fundraising Agreement. Please return the agreement by email to CMN_Events@pennstatehealth.psu.edu, a minimum of 30 days prior to the start of the Fundraiser.

The primary contact will be notified by email, no less than five business days after submission, if the Fundraiser is approved or denied. If approved, a digital Community Fundraising Toolkit will be shared with the primary contact.