



PART OF THE SHEPPARD PRATT HEALTH SYSTEM:



THIRD PARTY EVENT PROPOSAL FORM

Thank you for considering Sheppard Pratt as the beneficiary for your fundraiser. We are fortunate to have families, businesses, and organizations actively supporting us by organizing their own fundraisers We look forward to working with you. Fundraisers can include:

- Bake sales
- Dinner parties
- Golf tournaments
- Trivia nights – or many other possibilities

Individuals and groups who organize these fundraisers commit to underwriting all related costs, recruiting volunteers, creating publicity materials and producing the actual events. In doing so, critically needed funds are raised for Sheppard Pratt, to help fund research, patient care, special education and community programs. For more information, please see our Third-Party Event Guidelines.

NOTE: Before beginning to organize a fundraising activity, please complete and submit this proposal to the Sheppard Pratt Health System Philanthropy Office for review and approval. Proposals should be submitted no later than **two months** prior to the start of the activity.

EVENT DETAILS

Name of fundraising activity: _____

Description: _____

Event Date (Rain Date): _____ Start & End Time: _____

Intended Audience (children, golfers, young parents, etc.): _____

Expected Attendance: _____ Venue Capacity: _____

Event Location (Address): _____

City: _____ State: _____ Zip: _____

Is this event Inside or Outside: _____

Event Website (if applicable): _____

Will any other charitable organization benefit from this event? If yes, please name and describe how they will benefit:

How will the money be raised (donations, sponsorships, ticket sales, percentage of sales, etc.):

What additional fundraising activities will take place at this event?

Raffles Auctions Door Prizes Other: _____

Funds raised are for: Area of greatest need
 Other designation: _____

Is this event in honor or memory of someone? If yes, please provide name:

Has this event been held before? If so, when?

CONTACT INFORMATION

Please check one: Individual Business/Corporation/Organization

Organizer/Primary Contact's Name: _____

Name of Business/Organization: _____

Organizer's Address: _____

City: _____ State: _____ Zip: _____

Organization Website: _____

Is your organization a registered charity of its own right? Yes No

If yes, what is your charitable registration number? _____

Organizer's Email: _____

Phone (Work): _____ (Cell): _____

Preferred Method of Contact:

Email Work Cell Other _____

Alternate Contact Name: _____

Email: _____

Phone (Work): _____ (Cell): _____

Why did you choose Sheppard Pratt Health System as the beneficiary of your fundraiser?

PUBLICITY AND PROMOTION

Sheppard Pratt Health System requires the review and approval of all materials that include our name and/or logo. Please check the type of promotional activity you will be involved in:

Press Releases will be sent to: _____

Flyers will be distributed to: _____

Public Service Announcements will be sent to: _____

Other: _____

OTHER

Please provide a list of businesses you plan to solicit for gifts/sponsorships (if applicable):

PROJECTED EXPENSES & INCOME

Costs Projected: \$ _____

Income Projected: \$ _____

Estimated Donation: \$ _____

Expected Date of Delivery of Proceeds (*Should be within 45 days of event*):

What other support/services would you ask of Sheppard Pratt Health System?

- Brochures
- Flyers
- Return envelopes for donations
- Event promotion on Sheppard Pratt's Facebook page
- Presence of a Sheppard Pratt representative
- Other: _____

REQUIRED ADDITIONAL DOCUMENTATION

- Information regarding ticket prices, sponsorship levels & benefits, etc.
- List of individuals & organizations being solicited for Sponsorships and In-Kind Donations
- Proposed Budget: Income & Expenses

Signature

Application Date

Please return the completed form to:
Sheppard Pratt Health System
Office of Philanthropy
Attn: Wendy Enderson
6501 North Charles Street
Baltimore, MD 21204

If you have any questions regarding this application, please contact Wendy Enderson at wenderson@sheppardpratt.org or 410-938-4025.