



Mercy Medical Center
Trinity Health



Johnson Memorial
Hospital
Trinity Health

Third-Party Event Proposal & Agreement Form

Office of Philanthropy

Gift Processing Center, PO Box 320635, Hartford, CT 06132-9900

Phone: (413) 748-9920; funddevelopment@trinityhealthofne.org

Thank you for believing in our mission and expressing interest in hosting an event to benefit the Mercy Medical Center or Johnson Memorial Hospital. All third-party events require a form to be completed for each event occurrence. Forms should be submitted **at least six (6) weeks** prior to the event. Completed forms can be mailed or emailed to Office of Philanthropy, contact information is listed above. If you have any questions please call our office, we are happy to help you. You will be contacted upon receipt of your form.

What is a Third-Party Event?

Third-Party Events are fundraisers organized and hosted by individuals or organizations outside of Mercy Medical Center and Johnson Memorial Hospital and are designed to benefit Mercy Medical Center or Johnson Memorial Hospital. These individuals are usually grateful patients or their families, students interested in giving to their community or fulfilling a community service requirement, or an organization that is willing to donate their goods and/or services or proceeds from a corporate event.

Some examples of Third-Party Events include: cocktail parties, golf tournaments, fashion shows, motorcycle rides, lemonade stands, comedy nights, and garden tours. Proceeds from Third-Party Events may either be directed to the hospital's greatest area of need or to a specific area or program as designated by the event organizer.

The event planning and expenses are primarily the responsibility of the individual(s) hosting, however, the Office of Philanthropy will assist in the preparation of the event and provide guidance on the event if needed and able.

Event Approval

Because Mercy Medical Center and Johnson Memorial Hospital and its affiliates are publicly accountable for all fundraising activities, it is required that your proposed event be reviewed and approved before you will be permitted to use Mercy Medical Center and Johnson Memorial Hospital's name or logo in connection with your event. If you would like to host a Third-Party Event, you must first submit a request to do so using the form provided within.

To get started, follow these simple steps.

1. Determine your event.
2. Complete the proposal form.
3. A member of the Office of Philanthropy will contact you with final approval.

Third-Party Fundraising and Liability Release Agreement

Mercy Medical Center and Johnson Memorial Hospital are grateful to all those businesses, organizations and/or individuals who seek to conduct a third party event in support of Mercy Medical Center or Johnson Memorial Hospital.

Protecting our hard earned reputation by being associated with quality third party events is more important than the incremental funds raised by those events. With this in mind, the undersigned agrees to the following when conducting third party events to benefit Mercy Medical Center or Johnson Memorial Hospital.

1. The business/organization/individual will not open any bank accounts using Mercy Medical Center or Johnson Memorial Hospital's name or Taxpayer Identification Number (TIN). Any check donations listing the Office of Philanthropy as "Payee" will be forwarded to the Office of Philanthropy.
2. Only donations made directly to Mercy Medical Center and Johnson Memorial Hospital are tax deductible (to the extent permitted by law). Donations made directly to a third party event can thus, be used to cover the event's expenses, but they are not tax deductible.
3. Due to limited personnel resources, Mercy Medical Center and Johnson Memorial Hospital cannot provide staff support to third party events unless arranged in advance.
4. The business/organization/individual agrees to minimize expenses related to the third party event.
5. The business/organization/individual agrees to an "open book" policy, and to provide an event plan and budget, if requested.
6. Any use of Mercy Medical Center and Johnson Memorial Hospital or any of its affiliates name(s), logo(s), or stationary in any mailing, advertising, or for the media must receive prior approval from the Office of Philanthropy.
7. Mercy Medical Center and Johnson Memorial Hospital will not enter into any agreement with a business/organization/individual when there is a potential conflict of interest with Mercy Medical Center and Johnson Memorial Hospital and any of its affiliates programs and policies.
8. All fundraising is to be conducted for the exclusive benefit of Mercy Medical Center or Johnson Memorial Hospital. Any variance must be approved in advance of the event.
9. Mercy Medical Center and Johnson Memorial Hospital does not release volunteer or donor names.
10. All third party event organizers are responsible for providing insurance as required by law, or established business practice.
11. A check for the third party event's net proceeds (i.e. gross proceeds less all related expenses), must be delivered to Office of Philanthropy within 10 days of the event's conclusion.

I individually, or as a representative of the below named business or organization, agree to the above requirements and hereby fully release and agree to hold harmless Mercy Medical Center, Johnson Memorial Hospital, the Office of Philanthropy and its affiliates, their Officers, Directors, Trustees, agents, employees and representatives, successors and entities, together with their insurers, of and from any and all liability, claims, damages, expenses or causes of action for any reason.

Name & Date

Executive Director
Office of Philanthropy

Business or Organization (if applicable)

Third Party Event Date

Third Party Event Name



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Third-Party Event – Event Details

Today's Date: _____

Name of Individual/Organization/Company Planning Event:

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ () home () office () mobile Email: _____

Name and/or Type of Proposed Event: _____

Proposed Date/Time of Event: _____

Please choose one of the following: The event is () Open to the public () Invitation only

Proposed Ticket Price \$ _____ Expected Event Revenue: \$ _____

Event Beneficiary Information:

Would you like the proceeds of your event to go to a specific program or department, or to the greatest area of needs of the Mercy Medical Center () Johnson Memorial Hospital for the () Area of Greatest Need or a () Specific Program:

Would you like to request members of the Mercy Medical Center or Johnson Memorial Hospital's Office of Philanthropy staff to attend your event? () yes () no

Please share why you have chosen Mercy Medical Center or Johnson Memorial Hospital as the beneficiary for your event:

Will you be publicizing the event? () yes () no

If so, where? _____

INTERNAL USE ONLY

() Approved Date: _____ Printed Name: _____ Signature: _____