

Dear friend,

Thank you for choosing Yale New Haven Hospital as the beneficiary of your fundraising endeavors. Your efforts are an important part of the philanthropic support Yale New Haven Hospital receives each year.

Attached is a form for you to complete and return. This is an application for approval to conduct a fundraising event to benefit Yale New Haven Hospital, Yale New Haven Children's Hospital or Smilow Cancer Hospital. This information and application have been developed to make this process as efficient and straightforward as possible and to help your event be a success.

Please make sure your event fits the mission and image of Yale New Haven Hospital. After your event is reviewed and approved, you may initiate publicity. Please remember that your event will not be a hospital event, it will be an event to raise funds *for* the hospital. A suggested way of promoting your fundraiser is "funds raised will support the work of Yale New Haven Hospital."

Please take a moment to complete the following information and return by mail to:

Yale New Haven Hospital
Office of Development
PO Box 1849
New Haven, CT 06508
ATTN: Special Events

Or, forward a copy by fax to **203-789-3898** or email the application to a member of our Special Events team at giving@ynhh.org.

One of the most meaningful ways you can help support the mission of YNHH is through an unrestricted donation, which is designed to support essential areas of the hospital where funding is needed most. These areas include expanded patient services, facility improvements, community service and education. If, however, you are interested in directing your event proceeds to a particular department, we can suggest one of our many special funds that would restrict your gift accordingly.

We are grateful for the support of our friends in the community and appreciate your efforts to raise funds on our behalf!

Office of Development
Yale New Haven Hospital

Office of Development
PO Box 1849
New Haven, CT 06508-1849
Phone 203-688-9644
Fax 203-789-3898

Event Organizer Information:

Name: _____

Address: _____

City/state/zip: _____

Phone: _____ Email: _____

Describe your relationship to Yale New Haven Hospital: _____

Event Information:

Date of event: _____ Start/end time: _____

Location (venue and town): _____

Name of event and brief description: _____

What is the cost to attend the event? _____

How will funds be raised? (ticket sales, raffle tickets, auction sales, etc.):

What is your fundraising goal? _____

How would you like the event proceeds to be used? _____

What % of the funds will Yale New Haven Hospital receive? _____

Will any other organization receive a portion of event proceeds? Yes No

If so, what organization? _____

Contact information for event inquiries:

Name: _____

Phone: _____ Email: _____

Submitted by:

Signature & Date

Approved by:

Manager, Special Events Signature & Date

Use of Yale New Haven Hospital letterhead:

Unfortunately, we are unable to provide third party event organizers with Yale New Haven Hospital letterhead or envelopes. A letter of support can be provided if needed. The purpose of the letter is to add validity to your event as you approach individuals and businesses for cash or in-kind donations.

Submitting your donation to Yale New Haven Hospital:

All event proceeds must be submitted to the Manager of Special Events within 60 days of the event. This should be done in a lump sum check made payable to Yale New Haven Hospital.

What we can do to help:

- Include event on the Office of Development's online calendar of events.
- Include a photo of you making a check presentation to Yale New Haven Hospital representatives on our web pages and social media.
- Provide a letter of support to validate the authenticity of the event and its organizers.
- Provide a written acknowledgement to donors who make outright donations by check or through online fundraising pages utilizing our peer-to-peer fundraising technology. Donation checks must be made payable to Yale New Haven Hospital and for \$10 or more to receive a written acknowledgement from the Office of Development. *Please be aware that no event-related ticket sales, auction purchases, raffle ticket sales, or other purchases can be processed by the Office of Development. All such financial transactions for the event must be managed by the event organizer, with payments made to the event organizer directly. Due to IRS laws, tax receipts can only be issued for outright contributions made payable to Yale New Haven Hospital.* Please call the Manager of Special Events for additional clarification.
- Provide assistance to event organizers wishing to set up a peer-to-peer fundraising page utilizing Yale New Haven Hospital's DIY fundraising platform. Visit DIY.YNHH.org for more information or contact the Office of Development at (203) 836-1494 or giving@ynhh.org.

What we cannot do:

- Offer reimbursement for expenses.
- Provide a receipt to donors for event ticket sales, reservation fees, auction purchases, or raffle ticket sales.
- Process auction sales for the event.
- Promote the event on hospital grounds or in local media.
- Provide a hospital sponsorship.
- Solicit for sponsorships, cash donations or in-kind donations.
- Solicit Yale New Haven Hospital employees or promote your event on our campuses.
- Share mailing lists of donors, vendors, hospital employees or patients.
- Provide information about our donors.
- Provide staff or volunteers at the event.
- Sign vendor contracts.
- Provide Yale New Haven Hospital giveaway items.
- Provide images of our patients