



Budget/Fundraising

Total Projected Revenue: \$ _____

Total Projected Expense: \$ _____

Will the event be sponsored or underwritten by another organization or business? Yes No
If yes, please specify organization:

***REQUIRED:** List all businesses you will be soliciting for sponsorship or in-kind contributions. *Please attach a separate sheet of paper if you require additional space. This information is required so that we may cross-reference businesses that may have already been contacted to support another event.*

Will the proceeds be donated only to the MMCF for Miller Children's Hospital?

Yes No If no, list other beneficiaries?

If you are donating a portion of proceeds from the event, rather than the full amount, please specify what percentage or dollar value you will be giving.

% of proceeds: ____ Value of proceeds: \$ _____

Tax receipts will only be issued for monetary and in-kind donations made directly to Memorial Medical Center Foundation on behalf of Miller Children's Hospital.

Additional information Memorial Medical Center Foundation should know regarding your proposed event. (Please attach extra sheets if needed.)

Third Party Fundraising Agreement

Please read and sign your initials where indicated.

The MMCF / hospital encourage fundraising events that are consistent with our image, mission and core values. _____
(Initials)

To conduct an event you are required to complete an application. Once you submit the application, please allow a minimum of 21 days for review and response. If the application is approved, we will provide you with written confirmation. A letter may be requested for potential in-kind and or sponsors and volunteers. _____ (Initials)

A donation of a portion of net proceeds, rather than full amount, must state exactly how much, either in a percentage or specific dollar amount on the application. _____ (Initials)

The use of the hospital's name, Miller Children's Hospital and/or Long Beach Memorial Medical Center, or logo on any materials, including website, must be approved prior to production. _____ (Initials)

It is understood that neither Miller Children's Hospital nor Long Beach Memorial Medical Center and/or the Memorial Medical Center Foundation representing these hospitals, shall incur costs for event production or promotion. _____ (Initials)

The organizer is responsible for obtaining any appropriate licenses (i.e. raffles, liquor permits, etc.) and insurance. _____ (Initials)

The MMCF for the benefit of the hospital shall receive all proceeds within 30 days of the completion of the event. _____ (Initials)

The organizer agrees to submit a one-page event summary upon delivery of event proceeds. _____ (Initials)

Tax receipts can only be given to donations or gifts in-kind made directly to Memorial Medical Center Foundation on behalf of the two hospitals served. _____ (Initials)

Memorial Medical Center Foundation respects your privacy and will never sell, trade or loan your information to any other organization. We will use your information only for follow-up contacts and to process and recognize donations. We disclose your information only to our own employees to accomplish the purposes listed above. By providing this information you consent to our collection of information.

Signature of event organizer

Date

Signature of hospital representative

Date

For questions, please call 562-933-1676.