



## Third Party Fundraiser Guidelines

Thank you for your interest in raising money to support the services of Chaplaincy Health Care. Donations are extremely important and your interest in partnering with us is greatly appreciated.

Chaplaincy Health Care defines a “Third-Party Event” as any fundraising activity by a non-affiliated group or individual, where Chaplaincy Health Care has no fiduciary responsibilities and little or no staff involvement.

### Event Application & Approval

- Please review these Third-Party Fundraising Guidelines.
- Complete and submit the Third-Party Fundraising application, no later than two weeks prior to the event, to: Philanthropy Office, Chaplaincy Health Care, 1480 Fowler Street, Richland, WA 99352 or [fundraising@chaplaincyhealthcare.org](mailto:fundraising@chaplaincyhealthcare.org).
- Approval by Chaplaincy Health Care must be obtained before you promote the event as a benefit for our agency.
- Events will be reviewed on a case by case basis.

### Marketing & Promotion

- Third-party events may not be represented as events sponsored by Chaplaincy Health Care or its programs.
- Promotions for the event should reflect Chaplaincy Health Care as a beneficiary (i.e. proceeds from ABC Golf Tournament will benefit Chaplaincy Health Care”).
- All promotional materials related to an event must be reviewed and approved by the Development Office prior to distribution (e.g. flyers, press releases, tickets, brochures, posters, etc.).
- Any requests for the use of Chaplaincy Health Care’s logo or trademark must be used in accordance with written brand guidelines and must undergo approval. No use of Chaplaincy Health Care’s name, collateral materials and/or logo will be allowed without specific request and agreement.

### Event Expenses

If you must buy goods or services for the event and expenses will be incurred, please consider the following:

- Expenses incurred for conducting the event are the responsibility of the hosting volunteers and the organizer of the event.
- Chaplaincy Health Care will not be liable for any costs or expenses.
- Chaplaincy Health Care will not reimburse the sponsor for the purchase of goods for a third-party event.
- No goods may be charged to Chaplaincy Health Care for any reason.

## **Event Income**

- The event organizers are responsible for maintaining the accounting for the event.
- Only checks payable to Chaplaincy Health Care and cash donations clearly labeled with the donors information, will be provided with a tax deductible acknowledgment letter in accordance with IRS and state tax regulations.
- If you are deducting expense from monies collected before sending net proceeds to Chaplaincy Health Care, you should not state or imply to your donors that any funds given to you are tax deductible, and you should not use the word “donation” because it implies that they are tax deductible.
- Chaplaincy Health Care cannot solicit sponsors for your fundraising event and does not provide any donor or volunteer contact information
- Raised funds, payable to Chaplaincy Health Care, should be submitted within thirty (30) days of the conclusion of the event.

## **Insurance & Liability**

- The event organizers are responsible for obtaining any necessary permits and clearances required by local and state government and for complying with all applicable laws.
- Organizers must also obtain appropriate insurance coverage as necessary.
- Chaplaincy Health Care cannot be held liable for details associated directly or indirectly with the event, including, but not limited to, expenses, purchases, insurance or liability coverage.

## **Tax Guidelines**

- Federal tax laws disallow third-party events from using Chaplaincy Health Care’s Tax Exemption Number or Federal Employer Identification number when purchasing any goods or services from suppliers or vendors.

## **How can we help you with your event?**

Chaplaincy Health Care is extremely appreciative of the organizers who manage third-party events to benefit its programs, but it is limited in the amount of assistance it can provide a third-party event.

## **Chaplaincy Health Care will do it’s best to provide the following, as time and resources allow:**

- Advice and suggestions on event planning.
- Approval of the use of Chaplaincy Health Care’s name, logo and collateral materials.
- Promotion of your event, when appropriate, to Chaplaincy Health Care’s community supporters and followers through social media platforms such as Facebook and Twitter.
- Acknowledgement and distribution of tax receipts for contributions made payable to and submitted to Chaplaincy Health Care.

## **Chaplaincy Health Care is unable to provide the following:**

- Assistance in soliciting donations, handling mailings, attending committee meetings, recruiting attendees or collecting monies.
- Chaplaincy Health Care’s tax exemption number for making any purchases related to your event.
- Guaranteed volunteer, Board Member, or staff attendance at the event.
- Access to donor lists or contacts.
- Responsibility of any nature or kind associated directly or indirectly with the event including, but not limited to, expenses, purchases, insurance or liability coverage.



### Third Party Fundraiser Application

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Name of Company/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date(s) of event/activity: \_\_\_\_\_

Location & Address of event/activity: \_\_\_\_\_

Description of event/activity:

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Will other organizations receive a portion of the income? Yes \_\_\_\_\_ No \_\_\_\_\_

I have read Chaplaincy Health Care’s Third-Party Fundraising Guidelines and understand and agree to the terms of the agreement.

\_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
**Date**

Thank you for your interest in partnering with Chaplaincy Health Care in providing expert guidance during illness and grief through hospice, palliative care, grief support, chaplain services and counseling.

**Please submit application to:**

Philanthropy Department  
1480 Fowler St., Richland, WA 99352  
(509) 460-5801  
fundraising@chaplaincyhealthcare.org