



Atrium Health Foundation

COMMUNITY PARTNER FUNDRAISING AGREEMENT



We are honored that you have designated Atrium Health as the beneficiary of your fundraising efforts. **Together, we are making an impact by GIVING HOPE to patients and families served by Atrium Health.** We welcome and appreciate requests from individuals, organizations, and businesses seeking to host special events, fundraising campaigns, donation drives, and charitable sales or promotions on our behalf.

Atrium Health Foundation (Tax ID/EIN 56-6060481) serves as the charitable administrator for funds raised to support Atrium Health in the Greater Charlotte area. As our community fundraising partner, you have chosen to organize and execute a fundraising event/activity independently of Atrium Health Foundation and its employees. **We ask that all community fundraising organizers/hosts complete the following agreement:**

Community Fundraising Partner Application

Please complete and return this form to AtriumHealthFoundation@atriumhealth.org. This agreement and corresponding application may also be submitted online at AtriumHealthFoundation.org/Fundraising.

FUNDRAISING HOST CONTACT INFORMATION

NAME: _____

PHONE: _____

EMAIL: _____

IS THIS A FIRST-TIME FUNDRAISER? Y N

FUNDRAISING GOAL: \$ _____

SPECIFY THE [FUND DESIGNEE](#) OR AREA OF CARE

SUPPORTED THROUGH YOUR FUNDRAISING: _____

NAME OF YOUR COMPANY OR ORGANIZATION (IF APPLICABLE): _____

PHYSICAL ADDRESS OF FUNDRAISER (IF APPLICABLE): _____

DATE(S) OF PROPOSED FUNDRAISER: _____

BASIC DESCRIPTION OF FUNDRAISING ACTIVITY: _____

I ACKNOWLEDGE THAT I HAVE READ ALL OF THE FOLLOWING TERMS AND CONDITIONS AS OUTLINED BY ATRIUM HEALTH FOUNDATION. THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THEY HAVE THE AUTHORITY TO SIGN AND SUBMIT THIS COMMUNITY FUNDRAISING PARTNER APPLICATION ON BEHALF OF THE EVENT ORGANIZER.

NAME (PRINT): _____ NAME (SIGN): _____ TODAY'S DATE: _____

Community Partner Fundraising Terms & Conditions

Fundraising activities that benefit Atrium Health must be aligned with Atrium Health Foundation's mission to **inspire transformational giving to improve health, elevate hope, and advance healing – for all.** Atrium Health Foundation does not permit the use of professional or contracted third-party events or activities that raise money on commission, nor do we permit events involving gambling, use of illegal drugs, hate speech, sexual content, or irresponsible consumption of alcoholic beverages. We do not permit events or activities that promote or endorse any political position, party, or candidate, nor those that may be perceived as endorsing any of the same.

Community Partner Fundraising Terms & Conditions

Atrium Health Foundation is not responsible for any legal or financial liability associated with your event or fundraising activity. You agree to indemnify and hold Atrium Health Foundation and its employees, agents, and representatives harmless from and against any and all claims, demands, liabilities, expenses, losses, damages, and attorneys' fees arising from or in connection with your event or activity. Atrium Health Foundation and all related entities, including Atrium Health (Charlotte-Mecklenburg Hospital Authority), are not liable for any injuries sustained by event volunteers, attendees, hosts, or participants in your fundraising event or activity.

Logistical and Fiscal Considerations:

- As a community fundraising partner, you are responsible for covering and managing all expenses related to your fundraising event/activity, as well as collecting any charitable donations raised in connection with your event/activity. **Event expenses will not be reimbursed by Atrium Health Foundation.** Expenses should be deducted from the total funds raised through your event/activity prior to submitting net proceeds, or a portion of net proceeds, to Atrium Health Foundation. No bank accounts in the name of "Atrium Health," "Atrium Health Foundation," or any Atrium Health service line can be set up to hold funds from a community fundraiser. **Special notice for Personal Fundraising Page owners: Personal fundraising pages created via Atrium Health Foundation's online fundraising platform may only be used to collect donations that are considered 100% tax-deductible.**
- You are responsible for obtaining any and all permits, licenses, and insurance certificates required by local regulatory authorities in order to host your event or fundraising activity, and you acknowledge that additional time may be required to obtain these items.
- To avoid duplicate solicitations, you agree to notify us before asking a business or company to sponsor your fundraiser (in-kind or via monetary sponsorship).
- You are required to fully and truthfully state the portion of proceeds designated to support Atrium Health in all promotional and logistical communication with your donors, sponsors, and participants/attendees.
- You understand and acknowledge that Atrium Health Foundation will not accept any donations generated from lotteries or raffles unless you are your own 501(c)(3) entity.
- You understand and acknowledge that donations made in connection with your community fundraising event/activity will remain confidential unless a donor chooses to share their contact and gift information with you (the host). While we can provide an accurate accounting of total funds that are raised and submitted to Atrium Health Foundation following the conclusion of your event, we will not produce historical gift/donor lists in connection with your event.

Promotional and Brand-Approval Terms & Conditions:

- All promotional materials should clearly identify the host(s)/organizer(s) of your community fundraising event or activity and must only identify Atrium Health Foundation or a specific Atrium Health-affiliated program, service line, or facility as the beneficiary (**not** as the host, organizer, or sponsor of your fundraiser).
- Atrium Health Foundation must approve, in advance, the content of all community fundraising related invitations, advertisements, press releases, printed materials (posters, flyers, etc.), or other promotional materials **when using the Atrium Health Foundation name or logo, or that of a specific Atrium Health beneficiary.** Express written or verbal consent by a designated Atrium Health Foundation staff member is required in all cases.
- You will provide an explanation or sample copy (electronic format acceptable) of how the Atrium Health Foundation or Atrium Health beneficiary logo(s) will be used in connection with your fundraiser, no less than 10 days prior to its intended use (including printed or electronic materials, website content, invitations, videos, and materials submitted to any news media outlets). Upon Atrium Health Foundation's approval, we will grant you the limited, non-exclusive, non-transferrable use of its name and logo solely in connection with an approved community fundraising event or activity.
- You understand and acknowledge that logo use permission is date-specific and shall expire 10 days following the date/conclusion of your community fundraising event/activity.
- You understand and acknowledge that by using Atrium Health Foundation's (or another Atrium Health beneficiary's) name and/or logo in connection with your fundraiser, you guarantee to donate proceeds to Atrium Health Foundation as advertised.

COMMUNITY FUNDRAISING GUIDELINES



WHAT OUR PARTNERSHIP LOOKS LIKE , TOGETHER

HERE'S WHAT WE CAN PROVIDE:

Please check any areas of interest and a designated member of our staff will reach out to you for more information:

- Promotional support via approved Atrium Health Foundation social media accounts and website event calendar
- Atrium Health Foundation logo in screen and print-resolution (please specify file type, if known)
- Vendor recommendations
- Access to and assistance with personal fundraising pages or editing an existing personal fundraising page
- Use of branded "giveaways" (contingent upon supplies available)
- An official, signed letter of endorsement printed on Atrium Health Foundation letterhead to authenticate your fundraiser
- Tax receipts for cash donations or checks (made payable to Atrium Health Foundation) of \$50 or greater*
- General background information on beneficiary**

Please state other needs briefly in writing below:

***Receipts will only be provided if complete donor contact information is collected and given to Atrium Health Foundation in a timely fashion.** For online gifts, automatic email receipts are provided for all donations made via Atrium Health Foundation's website and affiliated personal fundraising platform. **Whenever possible, charitable proceeds from community fundraising events should be issued to Atrium Health Foundation in the form of a single check (made payable to Atrium Health Foundation).**

****If known and available, background information may be provided to you about the Atrium Health facility, program, or patient population benefiting from your fundraising event or activity.**



HERE'S WHAT YOU'LL NEED TO COVER:

- Production, management, and staffing of your community fundraising events/activities
- Location for event
- Event guest list
- Creation of website asset
- Graphic design
- Event-specific marketing materials (including but not limited to flyers, banners, and other event-specific signage)

HERE'S WHAT WE ARE UNABLE TO DO:

- Accept proceeds arising from lotteries or raffles as defined by the Internal Revenue Service
- Enter offline gifts (checks, cash received) onto a personal fundraising page
- Provide patient stories or pictures
- Extend our tax exemption to your community fundraising event/activities
- Provide contact information for Atrium Health Foundation donors, patients, sponsors, or volunteers

ARE YOU CURRENTLY WORKING WITH AN ATRIUM HEALTH FOUNDATION STAFF MEMBER?

YES

PLEASE PROVIDE THE STAFF MEMBER'S NAME: _____

NO