

Providence Alaska Foundation Event Application

The Providence Alaska Foundation is pleased to be considered as the beneficiary of your special event. Please allow us one week to review your application prior to any marketing or solicitation.

Organizer Contact Information:

Contact: _____

Organization (if applicable): _____

Telephone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Event Information

Name of the event: _____

Date/days of event: _____ Last day*: _____

Please describe the proposed event and what inspired you to hold it.

In memory or honor of: _____

Program the event will benefit: _____

Target audience: _____

Methods of generating revenue: _____

Estimated revenue*: _____ Estimated expenses: _____

*Contributions must be delivered to the Foundation within two weeks of the last day.

Support requested of the Foundation: _____

Please send completed application to foundation@providence.org.

Mission: As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Core Values: Compassion, Dignity, Justice, Excellence, Integrity

Event Guidelines

1. Event/Promotion should be compatible with the Mission and Core Values promote the appropriate image of Providence Health & Services Alaska.
2. Providence Alaska Foundation must be consulted before any businesses, corporations, foundations or individuals are approached for support of the event/promotion.
3. Regarding use of the Providence Alaska Foundation/Providence Health & Services name:
 - a. Until written permission has been granted by Providence Alaska Foundation, contributions may not be solicited in the name of any Providence Health & Services Alaska programs or services, and these names may not be used for any purpose.
 - b. Public announcement or event promotion will commence only after completion of this form and approval by Providence Alaska Foundation.
 - c. Providence Alaska Foundation must review all promotional materials (including press releases, public service announcements, scripts, posters or invitations) prior to use. Allow three working days for review.
4. The fundraising event or appeal must not contain commercialism that could reflect poorly on Providence Health & Services Alaska. Events promoting the following types of products will normally not be approved: alcohol-related products; tobacco-related products; products that present an unacceptable risk or liability.
5. The fundraising event or appeal must not exploit patients or families who use Providence Health & Services Alaska, including but not limited to photographs and stories. The use of photos or stories featuring patients must be approved in writing prior to use.
6. The Providence Alaska Foundation and Providence Health & Services Alaska assume no responsibility for promotion of the fundraising event or appeal.
7. Providence Alaska Foundation does not hold a gaming license. Raffles or any games of chance cannot be employed to raise funds for Providence Health & Services Alaska.
8. The sponsors agree to indemnify and hold harmless Providence Health and Services to include all departments within, Providence Alaska Foundation, and/or Children's Miracle Network, and all its officers, directors and employees from any and all claims and liabilities in any way related to the event/promotion.
9. The public must be fully informed regarding the amount that will actually be donated to Providence Alaska Foundation and what amount, if any, is tax deductible. Tax deductible determinations must be made by Providence Alaska Foundation.
10. Please advise Providence Alaska Foundation of any changes in your event/promotion.
11. Event organizer agrees to obtain all required permits and licenses and ensures event complies with all relevant laws.

I have read and agree to the guidelines and information provided.

Signed: _____ Date: _____