Providence Hospice of Seattle Foundation is pleased to be the beneficiary of support from your special fundraising program! Only through the generosity of a kind and giving community are we able to continue to provide end-of-life care to families, regardless of their financial circumstances.

In order to ensure that all proposed fundraising events to the general public are registered and authorized, we have the following guidelines.

**Guidelines for Community Fundraising Events**

- Fundraising and special program organizers/sponsors/organizations must complete and submit the attached Special Event Proposal Form for review by the Foundation Office at least six (6) weeks prior to the fundraising event/project’s start date.

- The Foundation will respond to your request within five (5) business days.

- Events and promotions should be compatible with the mission and promote the appropriate image of Providence Hospice of Seattle.

- Fundraising event organizers may not use the name or logo of Providence Hospice of Seattle without prior approval.

- Providence Hospice of Seattle must be consulted before any businesses, corporations or foundations are approached for support of the event. Many local organizations may already be supporting Providence Hospice of Seattle and we want to avoid multiple requests to our partners. We may also have suggestions about your solicitations based on our experience with different companies.

- All necessary permits, certificates of insurance and licenses will be obtained by the event organizers. The fundraising event must have no conflict with government regulations or licensing. It is the organizers’ responsibility to ensure the event is legal under local and Washington State law.

- Fundraising projects must have promotional materials reviewed and approved by Providence Hospice of Seattle Foundation before they can be used.

- The fundraising event organizers are responsible for recruitment of volunteers to support the event.

- Providence Hospice of Seattle is unable to advance monies, solicit sponsorship, or sell tickets on behalf of your event.

- Providence Hospice of Seattle assumes no responsibility for promotion of the fundraising event.
● The fundraising event must not exploit patients or families who use Providence Hospice of Seattle, including but not limited to photographs and stories. The use of photos or stories featuring patients must be approved in writing prior to use.

● All raffles must be licensed in accordance with Washington State law. Providence Hospice of Seattle Foundation does not hold a raffle license. If the special event wishes to conduct a raffle, please contact the Washington State Gambling Commission at 1-800-345-2529 or http://www.wsgc.wa.gov/ 

● Providence Hospice of Seattle is unable to release donor, volunteer, employee or other mailing lists for the purpose of solicitation of funds or participation in your event or project.

● The fundraising event organizer/sponsors/organization agrees to indemnify and hold harmless Providence Health & Services to include Providence Hospice of Seattle Foundation, Providence Hospice of Seattle, and all its officers, directors and employees from any and all claims and liabilities in any way related to the event including any losses, costs, expenses, obligations, liabilities, damages, recoveries and deficiencies including interests, penalties and reasonable attorney’s fees that shall be incurred or suffered by Providence Hospice of Seattle Foundation, Providence Hospice of Seattle and Providence Health and Services which arise form or relate to the fundraising event, the organizers/sponsors/organizations performance of its agreement as specified in these guidelines and Application for Fundraising Event Form.

● The public must be fully informed regarding the amount that will actually be donated to Providence Hospice of Seattle Foundation and what amount, if any, is tax deductible. Tax deductible determinations must be made by Providence Hospice of Seattle Foundation.

● Please advise Providence Hospice of Seattle Foundation of any changes in your event.

● Within thirty (30) days of the completion of the event, please send a final accounting of income and expenses along with your proceeds to Providence Hospice of Seattle Foundation. Please also include contact information for individuals and organizations that need receipts for tax purposes.

● Make checks payable to Providence Hospice of Seattle Foundation

Please sent to:
Providence Hospice of Seattle Foundation
425 Pontius Ave N #300
Seattle, WA 98109

Questions?
Contact Gary Crum, Foundation Director
206-749-7801 or gary.crum@providence.org
Application for Fundraising Event

1. Contact Information:
   a. Name of Sponsoring Organization or Individual: ______________________________
   b. Contact Person: __________________________________________________________
   c. Telephone: ___________________________ Fax: ____________________
   d. Email: ______________________________
   e. Mailing Address: __________________________________________________________
   f. City: ___________ State: ________ Zip: __________________________

2. Event Overview
   a. Name of Event: ____________________________________________________________
   b. Date(s) and Time(s): ______________________________________________________
   c. Location: _________________________________________________________________
   d. Target Audience: __________________________________________________________
   e. Area/program the event will support at hospice:
      □ General hospice needs
      □ Stepping Stones children’s hospice
      □ Safe Crossings children’s bereavement
      □ Pet and other complementary therapies
      □ Camp Erin – King County
      □ Other ________________________________

   f. Description of the event and how you plan to raise the funds:
3. Budget

Please estimate:

Gross Proceeds A. ____________________________

Expenses (include all costs such as B.__________________________
printing, food, entertainment, rentals etc.

Anticipated net proceeds (A minus B) C.__________________________

Amount/percentage of net proceeds given D.__________________________
to Providence Hospice of Seattle

Anticipated date of your donation: E.__________________________

If the budget is greater than $10,000, please provide an itemized expense budget.

4. Promotion

a. Do you intend to use Providence Hospice of Seattle Foundation’s logo?

☐ Yes
☐ No

Providence Hospice of Seattle requires all promotional materials that include the
hospice logo to be reviewed and approved by Providence Hospice of Seattle
Foundation prior to production. Please allow 5 business days for review.

b. What methods of public outreach are you planning to use?

☐ Print
☐ TV
☐ Radio
☐ Internet
☐ Other ____________________________
5. **Support Expected from Providence Hospice of Seattle Foundation**

Pending your proposals approval, Providence Hospice of Seattle may be able to provide you with assistance. Please indicate what type of support you request:

- [ ] Logo use
- [ ] Patient stories or videos
- [ ] Hospice website event calendar
- [ ] Brochures
- [ ] Donation envelopes
- [ ] Hospice official/speaker

6. **Signature**

I have read and agree to follow the attached fundraising guidelines. Information provided on this form is correct and accurately describes the event.

Name: ________________________________

Signature: ____________________________

Date: ________________________________

Please send your proposal to:

Providence Hospice of Seattle Foundation
425 Pontius Ave N #300
Seattle, WA 98109

Phone: 206-320-7188
Fax: 206-320-7366
Email: hospicefoundation@providence.org

**The Foundation will respond to your request within 5 business days.**