



TEAM UP
with Mercy
Medical Center
for your next promotion or event!

Questions?

Please contact the Mercy Health Foundation at
410-332-9290 or giving@mdmercy.com.



THIRD PARTY FUNDRAISING

Planning your event

THANK YOU for your interest in planning an activity to help meet the health care needs of the patients we serve!

We are grateful that you wish to join other supporters who are raising funds so we can provide excellent, compassionate care to all who come to Mercy for help. We look forward to learning more about your project and serving as a resource for you.

So that we may be as helpful as possible, we ask that you submit the attached information sheet to us 2-3 months before your activity will occur. We ask for this information to ensure the proposed event is consistent with Mercy's mission and values. We also want to know your plans early so we may provide guidance and suggestions.

We appreciate your interest in supporting Mercy Medical Center. Philanthropic contributions such as yours help us meet the needs of our community, and further the mission of the Sisters of Mercy to heal and to serve—always.

We will be in touch as soon as we receive your completed information sheet.

OUR MISSION

Like the Sisters of Mercy before us, we witness God's healing love for all people by providing excellent clinical and residential services within a community of compassionate care.



Get Inspired!

Examples of third-party events which support Mercy are:

- › Endurance events (i.e. marathons / triathlons)
- › Personal campaigns (i.e. wedding / birthday giving in lieu of gifts)
- › Community events
- › Sporting events
- › Restaurant & retail special events
- › A backyard carnival
- › Jeans for charity day
- › Swim-a-thon
- › An art show
- › A golf tournament
- › A candy sale



Guidelines

AND OTHER IMPORTANT INFORMATION

EVENT TIMING

Please let us know about your proposed event as soon as possible. Allowing sufficient time between events maximizes involvement, enthusiasm and attendance — and keeps the fun going!

SPONSORSHIPS

Mercy cannot provide contact information for its corporate sponsors, donors, and supporters for solicitation purposes.

IN-KIND SPONSORSHIPS

In-kind sponsorships are defined as a donation of a product or service such as food, beverages, printing, or auction items. Mercy cannot solicit in-kind sponsors for your fundraising event or provide in-kind support from the Mercy Health Foundation or any other Mercy entity.

FINANCIAL GUIDELINES

The Mercy Health Foundation is not responsible for any debts incurred as a result of your event or activity and is not to be held accountable by any creditors for costs related to it.

Mercy's sales tax exemption cannot be used for third-party fundraising events or activities.

EVENT PROMOTION AND LOGO USAGE

All community-based fundraising activities to support Mercy Medical Center should receive advance approval from Mercy Health Foundation. We advise you to wait to publicly announce or promote your event until we've had a chance to review your information sheet.

Publicity for your event or activity should not suggest that it is being presented by Mercy or that Mercy is involved in any way except as the beneficiary. Printed materials and other information should state: "Proceeds benefit Mercy Medical Center" or other wording to be mutually agreed upon with the Mercy Health Foundation.

"Mercy Medical Center" is a corporate name and the use of this name on stationery, in public literature, in logos or other graphic presentations in connection with financial and legal commitments, is reserved for official hospital business through delegated authority. The Mercy Medical Center brand, logo, and name — as well as those of our Centers of Excellence, departments, and programs — cannot be reproduced without written permission.

The Foundation must review all promotional materials in which Mercy's name is mentioned (including press releases, public service announcements, scripts, posters, invitations, etc.) before they are to be used.

PERMITS AND INSURANCE

Fundraising events and activities must comply with all relevant state and federal laws. The event organizers must obtain any necessary permits, licenses, or insurance in their own name or the name of their organization.

Please submit completed copies prior to event. If you are required to show proof of insurance in order to use a venue or for any other reason, you are responsible for this cost and for seeking appropriate coverage.

GAMING LICENSE

If there will be games of chance (raffles, money wheels, bingo) during your event, you must contact the appropriate government agency to apply for a license or permit.

IMPORTANT THINGS TO KEEP MIND

- Complete the information sheet and return it to the Mercy Health Foundation 2 – 3 months before your activity will occur.
- Identify your target audience.
- Establish clear and realistic goals.
- Create a budget by identifying all sources of income and expenses.
- Seek approval of all promotional material from the Mercy Health Foundation to ensure you are using the Mercy Medical Center name, logo, and charitable language correctly.
- Collect funds and submit proceeds in a timely manner.
- Until written permission is received, the name, brand, and/or logo of Mercy Medical Center, and all associated entities, cannot be used for any purpose.
- Please submit a new information form for each event you hold, even if you have held your event before. While you already may possess a copy of our logo — or that of one of our Centers of Excellence, departments, or programs — we must approve subsequent usage of the logo.
- We ask that you immediately advise the Mercy Health Foundation of any significant changes to the plans for your event or program.

Within 30 days of the event, please submit proceeds via check(s), payable to the Mercy Health Foundation, to:

Mercy Health Foundation
301 St. Paul Place
Baltimore, Maryland 21202

THIRD PARTY FUNDRAISING

Information Sheet

We are grateful for your interest in supporting Mercy Medical Center.

BACKGROUND INFORMATION

Name of Group Planning Event: _____

Contact Name: _____ Title: _____

Mailing Address: _____

Telephone: (_____) _____ Email: _____

Website: _____

Please indicate the category that best describes your group:

Business School Club Other

EVENT/FUNDRAISING INFORMATION

Name of proposed event: _____

What is your estimated net revenue for this event? _____

Briefly describe the event and how funds will be raised:

Date(s) or Duration: _____ Time(s): _____

Location of event: _____

Address: _____

Sponsorships (as applicable): _____

Will other charitable organizations benefit from this initiative? Yes No

If yes, please list: _____

Is a license required for this event? Yes No

If yes, what type? Lottery Raffle Liquor Other

Would you like a Mercy representative, if available, to attend this event? Yes No

Information Sheet (continued)

PUBLIC RELATIONS INFORMATION

Will you be promoting your fundraising initiative? Yes No

Which of the following will you be using to publicize your initiative?

Internal promotion such as newsletters: _____

Posters/Flyers: _____

Advertisements: _____

Public Service Announcements: _____

Other: _____

What is the estimated duration of the promotional activities? _____

AGREEMENT

I have read the Third-Party Fundraising Guidelines and agree to abide by all conditions set forth in the guidelines and/or outlines and regulations specific to the proposed activity. Moreover, I agree to the following:

- I, the previously named and below signed "person in charge" of this proposed event or activity, have the authority to enter into this agreement with the Mercy Health Foundation.
- I agree to indemnify and hold harmless Mercy Medical Center, the Mercy Health Foundation or any other Mercy entity.
- I agree to appropriately handle and safeguard all funds received and, in a timely manner, deposit the proceeds intended to benefit Mercy Medical Center and transfer those funds to the Mercy Health Foundation for processing.
- I will submit any printed material mentioning Mercy Medical Center for prior approval as outlined in the guidelines, and I understand that I may not use Mercy Medical Center's logo — or those of Mercy's Centers of Excellence, departments, or programs — until I receive written permission.

Please sign and return 2-3 months before the date of your planned activity.

Signature of Person in Charge: _____

Date: _____

What is third party fundraising?

Mercy enjoys partnerships with a variety of organizations and individuals who plan and host events, promotions, and other activities to generate funds to support our mission of healing and service. These events are referred to as "third party fundraisers".

Third-party fundraising activities can benefit a department, division, program, or other project at Mercy Medical Center.

