



Event Proposal Form

Thank you for your interest in hosting a fundraising event or program to help raise funds for Robert Wood Johnson University Hospital (RWJUH) and/or the Bristol-Myers Squibb Children's Hospital (BMSCH). **Please complete and return this form to the below address, and you will be contacted by an RWJ University Hospital Foundation (RWJUHF) representative.**

All promotional and publicity material relating to an event supporting the Robert Wood Johnson University Hospital or the Bristol-Myers Squibb Children's Hospital as the designated charity must be approved by the Communications & Community Relations department at RWJUH. The RWJ University Hospital Foundation can help obtain the necessary approvals including the use of the Hospital logo that may be helpful in publicizing your event. **Please allow at least two weeks for approvals.**

NOTE: The last page of this form contains important information that will guide you in planning your event, as well as provide details regarding any involvement of RWJUH, BMSCH, or RWJUHF in your event.

Please Register Your Event with the RWJ University Hospital Foundation

Name of Organization/Association/Corporation: _____

Name of Contact: _____

Address: _____

Phone(s): _____

Email: _____

Please continue to next page

The RWJ University Hospital Foundation
10 Plum Street, Suite 910
New Brunswick, NJ 08901
(732) 937-8750 (phone)
(732) 418-8379 (fax)
Foundation@rwjuh.edu

For Office Use Only:

Date Fdn Reviewed: _____

By: _____

Date PR Reviewed: _____

By: _____

Name of Proposed Event: _____

Event Type (golf outing, dinner, dance, sporting event, etc.): _____

Date/Time: _____

Location: _____

Address: _____

Funds to be Raised Through (ticket sales, product sales, admission fees, raffles, auctions, etc.):

Funds Designated For: _____ Fund for Excellence _____ Other _____

Additional Comments: _____

THANK YOU FOR SUPPORTING OUR MISSION!

Please read the Important Notices on the last page. The RWJ University Hospital Foundation will acknowledge the organization, association, or corporation that contributed the proceeds from an event to the Robert Wood Johnson University Hospital or the Bristol-Myers Squibb Children's Hospital for the full amount of the donation as allowed by law. At the conclusion of your event, should you wish to make a formal presentation of your gift to an officer of the RWJ University Hospital Foundation, please contact our office. By signing this form, you acknowledge that you have read and agree to the terms herein.

Signature of Responsible Party

Date

Printed Name and Title of Responsible Party

Date

Signature of RWJUHF Representative

Date

Printed Name and Title of RWJUHF Representative

Date

IMPORTANT NOTICES

Any expectation of a Robert Wood Johnson University Hospital (RWJUH), Bristol-Myers Squibb Children's Hospital (BMSCH), or the RWJ University Hospital Foundation (RWJUHF) representative or medical clinician desired at the event should be disclosed on the original event proposal form. If these individuals are invited guests or if there is a financial obligation for the event attendee, the obligation should be cited on the event form. Requests for representation at events will be reviewed on a case by case basis. We can make no guarantee that a representative will be available to attend your event.

Please be aware that we do not advance funds, provide donor lists, or solicit sponsorship revenue for third party fundraising events. Also, we cannot provide staff services for your event or assist in ticket sales. We are mentioning this here to avoid disappointment or misunderstanding regarding our ability to participate or play an active role in your activity.

Please note that under all circumstances the use of the RWJUH, BMSCH, or RWJUHF representative and/or brand, logo or name requires prior authorization from the Communications & Community Relations department at RWJUH.

Please note that in accordance with the New Jersey Attorney General's charitable giving guidelines, organizations and individuals that support RWJUHF through such events must comply with the following:

- Clearance must be received from RWJUHF to conduct an event whose net proceeds come to RWJUHF. All net proceeds or a percentage thereof, from such an event to benefit the Hospital must come to RWJUHF. The percentage of the anticipated dollar amount of the donation must be stated in advance.
- If you are holding a raffle with your event, be aware that such an activity needs a special license and extra time to organize. It is the responsibility of the person or persons organizing the event to obtain the necessary license and approvals needed.
- It is also the responsibility of the person or persons organizing the event to obtain all applicable permits, licenses, and all insurance certificates that may be required for an event. Door-to-door solicitations are not authorized by RWJUHF.
- If you are planning to issue receipts for the charitable donation portion of your ticket price, this amount must be clearly identified and differentiated from the "fair market value" of the event. Products or tangible items, such as the purchase of admission tickets, greens fees, and other goods, are not eligible as tax-deductible charitable donations.
- The organization, community group or corporation is solely responsible for any state or local licensing, event permits, and when appropriate, must file a Commercial Co-venture Contract with RWJUHF and file it with the NJ Attorney General's Office (AG).
- Also in accordance with the AG's charitable guidelines, we ask that all proceeds from your event be forwarded to RWJUHF within ninety (90) days following the event. Please make checks payable to the RWJ University Hospital Foundation.