



Partner Benefit Information

Thank you for your interest in organizing an event to benefit Palmetto Health. Special events, regardless of size, put Palmetto Health on display. They offer the opportunity to educate the community about the programs, services and research available at Palmetto Health. Special events are important because they raise both awareness and funds for the programs and services our hospitals offer.

All events that benefit Palmetto Health must be consistent with the spirit and tone of the organization and brand we want to convey to the public. Preliminary criteria for special event approval follows:

- The event must support Palmetto Health Foundation's mission to promote awareness of Palmetto Health's programs and services and to strengthen the quality of healthcare for the people served by Palmetto Health through the use of the highest standards of philanthropy.
- The event must fit with Palmetto Health's image.
- The event must not conflict or overlap with another Foundation event.

Event Guidelines

Because of the large number of requests we receive, we have created a list of services that we can and cannot offer. Please review this list before submitting a proposal.

*What We **CAN** Do to Help You—*

1. Offer limited advice on event planning
2. Provide a letter of authorization to be used to validate the authenticity of the event and its organizers
3. Provide and approve the use of Palmetto Health logos
4. Provide a written tax receipt to donors who make their check payable to Palmetto Health Foundation

*What We **CANNOT** Do to Help You—*

1. Extend our tax exemption to you
2. Provide insurance coverage
3. Provide funding or reimbursement for expenses
4. Solicit sponsorship revenue
5. Provide celebrities or athletes for your event
6. Provide publicity or promotional items
7. Provide mailing lists of donors, physicians, employees, volunteers or vendors
8. Provide Hospital or Foundation letterhead
9. Place flyers, posters or other event material around Palmetto Health campuses
10. Guarantee attendance of staff, physicians or patients at the event or check presentation



Partner Benefit Guidelines

Please read these guidelines before planning your event and allow at least four weeks for the review process to be completed.

1. Events should complement the mission and brand of Palmetto Health Foundation. Companies that conflict with the Foundation's or Hospital's mission and values may not be sponsors. Palmetto Health Foundation must approve all potential sponsors.
2. The event organizer must obtain any necessary permits, licenses or insurance.
3. Be prepared to estimate expenses and revenues for your event, as well as the size of your contribution you intend to donate to Palmetto Health Foundation. Palmetto Health Foundation reserves the right to require a minimum guaranteed donation on a case-by-case basis. The Council of Better Business Bureau states, "Reasonable use of funds require that at least 60% of the total income from all sources be spent on programs and activities directly related to the organization's purpose." Palmetto Health Foundation will not approve an event in which costs exceed 40% of the total income.
4. Palmetto Health Foundation reserves the right to review all printed material promoting the event. This includes but is not limited to invitations, advertisements, press releases, posters, flyers, or other promotional information related to the event.
5. The public should be informed of any net amounts that will be donated to Palmetto Health Foundation. If Palmetto Health Foundation will not receive all of the proceeds from the event, then the exact percentage of the proceeds must be stated clearly on all invitation copy, advertising and promotional materials.
6. Events must comply with all federal, state and local laws governing charitable fund raising, gift reporting, and special events. The IRS requires that all tickets, invitations or entry forms state which portion of the contribution is tax-deductible.
7. Please notify Palmetto Health Foundation if you plan to contact businesses, individuals or organizations for sponsorships or underwriting proposals.
8. The sponsoring organization or individual must seek approval from Palmetto Health Foundation to repeat an event each succeeding year.
9. Palmetto Health Foundation must be informed of any changes that occur from the original submitted plan.



Partner Benefit Proposal Application

Thank you for your interest in organizing an event to benefit Palmetto Health Foundation. Please complete this application for review by Palmetto Health Foundation and submit online, email, fax or mail to: Palmetto Health Foundation, PO Box 247, Columbia SC 29201, Phone: 803.434.7275, Fax: 803.434.2815, foundation@palmettohealth.org.

I am interested in developing a fund raising event to benefit:

- Palmetto Health Cancer Centers
 - Palmetto Health Children's Hospital
 - Pediatric Oncology
 - Palmetto Health Hospice and Palliative Care
 - Other _____
- (Must be a designated fund approved by Palmetto Health Foundation)

I am:

- An Individual
- A Business
- An Organization/Group

Will proceeds from this fundraiser benefit another organization other than Palmetto Health Foundation? yes no
If so, please explain. _____

Contact Information:

Name of Sponsor: _____
 Address: _____
 Contact Person: _____
 Daytime Phone: () _____ Evening Phone: () _____
 Email: _____ Website: _____

For business/group:

Number of years in existence: _____ Number of employees/members: _____

Event Information:

Name of Event: _____
 Nature of Event (Please explain in detail.): _____

Has this event been done before? _____ If so, when? _____

Location of Event: _____

Date of Event: _____ Rain date: _____

List of businesses you plan to ask to sponsor this event: _____

Financial Information:

Projected Cost: \$ _____ Projected Income: \$ _____ Projected Donation: \$ _____

Is there an admission fee? Yes (Amount: \$ _____) No

How will proceeds from the event be given to Palmetto Health Foundation?

Cash Check Other: _____

Expected date net proceeds will be donated to Palmetto Health Foundation: \$ _____

Publicity Information:

Palmetto Health Foundation reserves the right to review all materials that include logo and/or name. Please indicate the types of promotions you plan to implement for your event:

- Press Releases sent to: _____
- Flyers/Posters sent to: _____
- Public Service Announcements sent to: _____
- Other: _____

I/we have read the Palmetto Health Foundation Benefit Event Guidelines in full, and I/we agree to adhere to those guidelines in planning and executing our event. I/we understand that the guidelines are not comprehensive and that all decisions for the event, including safety precautions, remain the responsibility of the event sponsor. Palmetto Health Foundation does not accept or assume any liability associated with event.

Signature: _____ Date: _____

For office use only:

- Event Status: Attendance by Palmetto Health Foundation representative (exempt from any admission fees)
 Speaker (exempt from any admission fees)
 Approved Not Approved Materials provided: _____