

Special Events Application

Before you hold an event to raise money for Morristown Medical Center, the Foundation for Morristown Medical Center must approve this application. Please return the completed application by mail or fax to Alice Rose, special events coordinator. The application form should be submitted at least 90 days prior to the proposed event date. However, we can accept applications 12 months before an event.

Today's Date ____ / ____ / ____

Name of Group/Company/Individual Planning the Event

Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Daytime Phone (____) _____ - _____

Evening Phone (____) _____ - _____

Fax (____) _____ - _____

Name of Proposed Event _____

Date of Event ____ / ____ / ____ Time of Event _____

Location of Event _____

Address _____

City _____ State _____ Zip _____

Is event: Open to the Public By Invitation only

New Event Repeat Event

(If repeat, when previously held? ____ / ____ / ____)

Ticket price (if applicable): \$ _____

For publicity purposes, please provide a phone number and/or email address that can be publicly listed in newsletters, websites, and other public venues.

Phone (____) _____ - _____

Email Address _____

Are there other beneficiaries besides Morristown Medical Center?
 Yes No If yes, please list organization(s): _____

Briefly describe the event and how funds will be raised (e.g., ticket sales, pledges, sponsorships, auction, raffle, etc.). Attach a separate sheet if necessary. _____

How will the event be publicized (e.g., press releases, flyers, radio/TV/newspaper/magazine advertisements)? _____

Projected Net Donation to Morristown Medical Center: \$ _____
 Are costs to come out of: proceeds to be paid by event organizer

Please indicate the date that the donation will be received by Morristown Medical Center. (Proceeds should be forwarded to the Foundation within 30 days of the event.)
 ____ / ____ / ____

Will your gift be restricted to a specific area of Morristown Medical Center? Yes No (If yes, which one? _____)

Signature of Applicant _____

Date ____ / ____ / ____

Please print first and last name below:

**Please mail or fax completed form to:
 Alice Rose, special events coordinator
 Foundation for Morristown Medical Center
 475 South Street, Morristown, NJ 07960
 Phone: 973-593-2440 · Fax: 973-290-7561**



to support
MORRISTOWN MEDICAL CENTER
GORYEB CHILDREN'S HOSPITAL
CAROL G. SIMON CANCER CENTER
GAGNON CARDIOVASCULAR INSTITUTE

**Foundation for
 Morristown Medical Center**



COMMUNITY-BASED SPECIAL EVENTS

to support MORRISTOWN MEDICAL CENTER, GORYEB CHILDREN'S HOSPITAL,
CAROL G. SIMON CANCER CENTER & GAGNON CARDIOVASCULAR INSTITUTE

Thank you for your interest in hosting an event or promotion to benefit Morristown Medical Center, Goryeb Children's Hospital, Carol G. Simon Cancer Center, or Gagnon Cardiovascular Institute. We are always grateful for the generous support of our friends in the community who share our commitment to the health and well-being of all people. Your support helps ensure life-saving treatment and compassionate care for everyone.

How the Foundation for Morristown Medical Center Can Help You

- Thank donors for donations made directly to the Foundation
- Provide and approve the use of the Foundation logo
- Assist your organization in directing contributions toward areas of special interest or areas of need within Morristown Medical Center
- List event on the Foundation's website at f4mmc.org

What the Foundation for Morristown Medical Center Cannot Do

- Provide staff or volunteer support
- Provide our tax exemption number to event coordinators
- Provide startup costs, underwrite expenses, or provide funding or reimbursement for event expenses
- Provide mailing lists of donors, employees, physicians or vendors
- Provide Morristown Medical Center or Foundation letterhead
- Guarantee attendance of patients, physicians, staff or volunteers at the event

Guidelines for Your Event

The following guidelines have been established to protect the name and reputation of Morristown Medical Center, the Foundation for Morristown Medical Center and Atlantic Health System, as well as the interests and financial support of event patrons.

- If Morristown Medical Center will not be receiving all of the proceeds from the event, the exact percentage of the proceeds to benefit the medical center, Goryeb Children's Hospital, Carol G. Simon Cancer Center, or Gagnon Cardiovascular Institute must be clearly stated in all invitation copy, advertising and promotional materials.
- An Application Form (see reverse side) must be submitted to the Foundation at least 90 days prior to the proposed event for approval.

- The Foundation for Morristown Medical Center must approve—in advance of printing or use—all invitation copy, advertisements, or other promotional materials related to the event where Morristown Medical Center or its entities will be mentioned.
- Morristown Medical Center cannot sponsor or endorse fund raising events or products. Materials should state, "Proceeds will benefit Morristown Medical Center."
- Events must comply with all federal, state and local laws governing charitable fund raising, gift reporting and special events. Please note that certain gaming events require a license.
- If an organization plans to solicit contributions, sponsorship or in-kind gifts from local businesses, the list of potential business sponsors must be reviewed and approved by the Foundation before any local businesses are approached in any way.
- Please submit event proceeds to the Foundation for Morristown Medical Center within 30 days of the event.
- Under no circumstance may an individual keep any portion of the proceeds as profit or compensation for organizing the event.
- Please note that expenses should not be more than 50 percent of the total revenue.
- Please advise the Foundation if the event plans change from what was originally approved.
- A new application must be submitted each year for all annual events.