



### **Third Party or Independent Community Event Guidelines and Forms**

Thank you for your interest in supporting the South Lake Hospital Foundation, the fundraising arm of South Lake Hospital. Your efforts are an important part of the philanthropic support that South Lake Hospital receives each year and we appreciate the many businesses, clubs, schools and individuals who host fundraisers on behalf of our hospital.

This information and application have been developed to make this process as simple and efficient as possible to assure the success of your event.

Please make sure your event aligns with the mission and values of South Lake Hospital. After we officially approve your event, you may initiate publicity but remember that your event is not a South Lake Hospital event, but will be an event to raise funds FOR South Lake Hospital. A suggested way to promote your fundraiser is "proceeds will benefit the South Lake Hospital Foundation." Please refrain from calling it something like: South Lake Hospital Fashion Show.

Once you complete the following information, please return it to:

South Lake Hospital Foundation  
1900 Don Wickham Drive  
Clermont, FL 34711

Attn: Sheri Olson

Or fax to 352.241.7179

If you would like to designate your donation to a specific area of the hospital, please indicate that on the application. If you do not indicate a specific area of the hospital where you'd like to direct your funds, all donations will be directed to support the greatest need.

Again, we are so grateful for the support of our friends in the community and appreciate your efforts to raise funds on our behalf.

## **Helpful Information in Planning Your Event and Frequently Asked Questions**

### **What is the mission of South Lake Hospital?**

The mission of South Lake Hospital is to improve the health and wellness of the communities we serve.

### **Can event organizers use the South Lake Hospital Foundation logo?**

Please contact our office to receive permission to use the logo and the proper usage and colors.

### **Can event organizers serve alcohol at an event?**

If you wish to dispense alcohol at your event, you must hire a licensed alcoholic beverage bartender. All required licenses/permits must be obtained by the event organizer.

### **Does the Foundation or South Lake Hospital cover event expenses?**

All expenses are the responsibility of the project/event organizer. If event expenses are greater than the total collected, the group holding the event is responsible for the additional expenses. In addition, any permits are also the responsibility of the project/event organizer.

### **Will donors receive a tax receipt for their donation?**

Donations written to the South Lake Hospital Foundation that include the name and address of the donor will receive a tax receipt. Donors cannot deduct as a charitable contribution amounts paid to purchase an auction item below Fair Market Value (regardless if the item was donated or not) or to buy a raffle ticket. The IRS also requires that if a donor receives a product or service in exchange for their donation (whether or not it is donated), the value must be subtracted from the contribution.

### **What can the Foundation do to help with the event?**

- Answer questions about event planning
- Provide a letter of support to validate the authenticity of the event.
- Provide a tour of the hospital for event organizers and volunteers.
- Approve and provide the use of the Hospital name and logo prior to use.
- Provide informational materials about South Lake Hospital.
- Promote your event on our Calendar of Events so that Hospital staff and volunteers are aware of your efforts.
- Coordinate a check presentation to be held at South Lake Hospital.
- Provide a hospital or Foundation representative to attend the event (if possible) and thank donors and attendees.

### **Support we do NOT provide:**

- Offer reimbursement for expenses
- Provide a Hospital sponsorship
- Provide contact information and/or mailing lists for corporate sponsors, vendors, donors and supporters for solicitation purposes.

- Sell tickets for your event.
- Solicit for sponsorships, cash donations or in-kind donations.
- Sign vendor contracts
- Provide volunteers to be at your event.
- Provide images of patients.
- Provide public liability insurance coverage
- Process reservations or ticket sales for the event
- Provide letterhead or envelopes

**South Lake Hospital Foundation  
Independent Community/Third Party Event Waiver**

Name of Event:

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I, \_\_\_\_\_ (*independent community representative*), intend to conduct a fundraiser to benefit South Lake Hospital Foundation. I understand South Lake Hospital Foundation is a non-profit organization and has not allocated a budget for this event. I accept all responsibility for the event includes expenses incurred by the event and any other liabilities related to the event or to the actions or inactions of \_\_\_\_\_ (*independent/third party community event organization name*).

Income generated by the event may be used to cover reasonable expenses before proceeds are given to South Lake Hospital Foundation. I understand that budgetary responsibilities should be completed promptly after the event and that our donation to South Lake Hospital Foundation must be submitted to the Foundation within 30 days after the event. Should the event generate less income than its expense, South Lake Hospital Foundation will not be responsible for any shortfall.

The \_\_\_\_\_ (*independent/third party organization name*) agrees to RELEASE, INDEMNIFY AND HOLD HARMLESS South Lake Hospital Foundation against all manners of liabilities, debts, fines, suits, claims, thefts, damages to property and person, demands and actions and causes of actions of any nature or kind for which the third party/independent community event may be held liable relating in anyway, including without limitation any breach or violation, negligence, unlawful act or acts of the independent community event. This includes any solicitor and client costs, attorneys' fees, expenses and liabilities incurred by South Lake Hospital Foundation in any such suit, claim, theft, damage to property or person, demand, action or proceeding.

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Independent/Third Party Community Event Organization Name

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Signature, Title of Organization Representative

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Date



### Organizer Information

Name of contact  
person/organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Describe your relationship to South Lake Hospital (past patient, employee, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

### Event Information

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Briefly describe the event:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the cost to attend the event?  
\_\_\_\_\_

How will the funds be raised (ticket sales, silent auction, etc.)? \_\_\_\_\_

What % of funds will South Lake Hospital receive?

\_\_\_\_\_

Unrestricted funds or restricted? \_\_\_\_ If restricted, where would you like the funds to go?

\_\_\_\_\_

Have you raised funds for South Lake Hospital/South Lake Hospital Foundation before?

\_\_\_\_\_

Are you a 501c3 Organization? \_\_\_\_\_

Will any other organization also receive a percentage of proceeds from this event?

\_\_\_\_\_

If so, what organization? \_\_\_\_\_

What percentage? \_\_\_\_\_

**Budget Information:**

Anticipated total revenue: \$ \_\_\_\_\_

Anticipated total expenses \$ \_\_\_\_\_

Anticipated total donation: \$ \_\_\_\_\_

**Publicity Information**

Will you need to use South Lake Hospital's Foundation logo? \_\_\_\_\_

If yes, please explain where and how \_\_\_\_\_

\_\_\_\_\_

What are your publicity plans? Will they include press releases, radio/TV, printed ads, etc? Please explain.

\_\_\_\_\_

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Do you request support from South Lake Hospital Foundation staff during the event?

\_\_\_\_\_

If yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_ Yes, I have attached the Event Waiver

\_\_\_ Yes, I have read the Independent Community Event Guidelines