



Fundraising Partner for Billings Clinic



Thank You

Thank you for choosing Billings Clinic Foundation as the beneficiary of your fundraising efforts. The loyal support of groups like yours makes a positive difference in the lives of our patients. We recognize the amount of time and effort necessary for a successful event and appreciate your efforts.

Please complete the enclosed proposal and submit to Billings Clinic Foundation for consideration. We will work to ensure your fundraising efforts do not duplicate those already in place and that your donation is directed to your area of interest.

Fundraising Guidelines

1. Billings Clinic Foundation must approve any fundraising event or project in advance which involves the use of the name Billings Clinic, Billings Clinic Foundation or any Billings Clinic Foundation fund. For example: Piggy Bank Fund, Patient Assistance and Kelker's Kids.
2. The event and project proposal form, located on the following page, must be completed and submitted to Billings Clinic Foundation for approval.
3. Using Billings Clinic's name and logo in any way that creates or implies liability for the event, is prohibited. Billings Clinic may not be used in the title or name of an event. Advertising and marketing materials may use the language "Proceeds to benefit Billings Clinic..."
4. Solicitation of businesses, corporations or individuals involving direct or implied use of the Billings Clinic name must be approved by the Foundation before the solicitation. During the solicitation, it must be made clear to the donor that you are calling on behalf of your organization to raise funds that will benefit Billings Clinic patients.
5. All advertising, including but not limited to, news releases, public service announcements, posters, banners and flyers that carry the Billings Clinic name (as outlined above) must be submitted for approval prior to production. This includes specialty items such as t-shirts, caps, coffee mugs, stickers, etc.
6. The party raising money on behalf of Billings Clinic is responsible for demonstrating proof of insurance and permits as required by law.

Once complete, please email or fax this form to Billings Clinic Foundation.

Fax: 406-657-3872

Email: foundation@billingsclinic.org

Event and Project Proposal Form

Billings Clinic Foundation and Billings Clinic are non-profit organizations governed by local community Boards of Directors. The Boards have established a policy that the information requested be furnished before approval can be given to use the names Billings Clinic, Billings Clinic Foundation or Billings Clinic Foundation Funds for an event or project. Please complete this questionnaire and return it as soon as possible. You will be notified as to the status of the event or project within 5 - 10 business days. Thank you!

Name of Organization/ Group/ Individual: _____

Contact: _____ Title: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name of Event or Project: _____

Date and Location of Event or Project: _____

Description of Event or Project: _____

How will the Event or Project raise funds: _____

Dollars raised previously through this Event or Project (if applicable):

\$ _____ Date _____ \$ _____ Date _____

Responsibilities of your Organization: _____

Requested responsibilities of Billings Clinic: _____

Why did you choose Billings Clinic as the beneficiary of your event: _____

Anticipated gross income: \$ _____ Expenses: \$ _____

Billings Clinic's anticipated expenses: _____

Explanation of expenses: _____

Anticipated proceeds to benefit Billings Clinic: \$ _____

Anticipated proceeds to benefit your organization: \$ _____

Anticipated proceeds to benefit other charities: \$ _____

Name of other charities: _____

Minimum of \$ _____ will be donated to Billings Clinic Foundation to support: (name of fund)

The donation will be received by Billings Clinic Foundation by: _____

Will you be advertising your event or project? Yes ____ No ____ If yes, please check which of the

following applies: Press Release _____ PSA _____ Posters _____ Banners _____ Flyers _____

Other (please list) _____

Will businesses in your area be contacted for donations or to assist in the event in any way? Yes ____ No ____

If yes, please identify the business you wish to contact so that we may coordinate our efforts (use attached sheet.) You must have permission from the Billings Clinic Foundation prior to soliciting any business.

Has the event been cleared by local and state authorities? Yes _____ No _____

Will the event require insurance? Yes ____ No ____ Will the event require a permit of any sort? Yes ____ No ____

If yes, please provide a copy of the insurance certificate and permit at least 30 days prior to the event date.

Businesses and or individuals you wish to contact

Business Name	City	Name of Contact	Approve	Decline

I have read and agree to abide by the special event policies.

Signature Title Date

The following is to be completed by the Billings Clinic Foundation team.

- Event or Project approved by Billings Clinic Foundation
- Event or Project declined by Billings Clinic Foundation

Signature Title Date