



# Fundraising Event Proposal Form

**Thank you** so much for your interest in fundraising for the Mercy University Hospital Foundation. We have put together these guidelines for individuals, organisations and other groups that would like to hold an event benefiting the Mercy University Hospital Foundation and our programmes. We want your fundraising to be an enjoyable experience as well as being safe and legal, **so please read these guidelines before completing the Fundraising Event Proposal Form**. And remember - we're here to help. If you need any further information we're just a phone call away, our telephone number is 021 427 4076.

**Prior to organising and conducting a fundraising event in the name of the Mercy University Hospital Foundation, you must:**

- Be 18 years or over (if under 18 years of age, you will need permission from a parent / guardian).
- Complete the Fundraising Event Proposal Form and submit this to the Mercy University Hospital Foundation at least 30 days prior to the event.
- If your event is approved, we'll send you an authorisation letter to fundraise on our behalf. Please do not make any announcements or publicise the event until the Mercy University Hospital Foundation gives approval.

**The Mercy University Hospital Foundation is happy to offer advice and guidance for coordinating your event, however please be aware of the following:**

- The event must be conducted in accordance with all applicable laws.
- The overall running of the event, including expenses, record keeping and management is ultimately the event holder's responsibility.
- Mercy University Hospital Foundation requests that you organise your own insurance for events however if you have difficulty with this please let us know so we can assist you in resolving the matter.
- Please advise the Foundation of any changes to details provided in the Fundraising Event Proposal Form prior to the event.
- Events involving collections from the public require an An Garda Síochána permit which must be obtained by the event organiser well in advance of the event.
- If you are organising a raffle where tickets are to be sold other than to your guests you should contact your local authority for advice. All lotteries must comply with the law.
- Door-to-door calls are only permissible if you know the residents and should be made during daylight hours.
- Approval to repeat an event must be requested each year from the Mercy University Hospital Foundation.
- To comply with auditor requirements and to preserve the integrity of the organiser, it is required that at least two people are involved with the counting and remitting of proceeds.
- All net proceeds must be submitted to the Mercy University Hospital Foundation within 30 days of the conclusion of the event. This requirement is also necessary to comply with collections held under An Garda Síochána permits.
- Please do not send cash through the post. Upon completion of the event please present a bank draft/cheque or bank the funds. Account details available on request.
- If supporters would like individual receipts, please provide a list including name, address, telephone number, e-mail and donation amount.
- In naming the event 'Mercy University Hospital Foundation' should not be used in the title, but as beneficiary of the net proceeds. For example: '(Event Name) to benefit the Mercy University Hospital Foundation'.
- Prior approval must be sought from the Mercy University Hospital Foundation for any printed materials, advertisements, media materials and press releases associated with the event. If approved, we will provide a high resolution version of the logo - please do not copy it from other sources.

**Completing this Event Proposal Form does not imply authorisation from the Mercy University Hospital Foundation to undertake the event on its behalf. Once we have received the form we will contact you to let you know if your event has been approved.**

**Please print clearly in BLOCK letters and tick where appropriate.**

**Fundraising Organiser Details**

Title ..... First Name ..... Surname .....

Name of group/company planning event (if applicable) .....

Full Address .....

Tel (Day) ..... (Evening) ..... (Mobile) .....

E-mail .....

**Would you like us to keep you updated about the work of the Mercy Foundation? Tick boxes as you wish.**

I'd like to be updated by post  I'd like to be updated by phone  I'd like to be updated by SMS  I'd like to be updated by email

I'd prefer not to receive any further updates

**This proposed fundraising event would be held to benefit:**

Mercy Hospital Foundation Fund (where funding is needed)  Kids & Teens Appeal  Heart Appeal  Stroke Appeal  Cancer Appeal

Are there other beneficiaries besides the Mercy University Hospital Foundation?

If yes, please provide details: .....

Have you formed a committee to help organise this event?

If yes, (please attach names & contact details). .....

If you are fundraising as part of a company/organisation please give us a brief description of your company: .....

Does your company operate a Gift Matching scheme for employees who undertake fundraising or volunteering activities?

If yes, please provide details of this scheme .....

**Event Details**

Name of proposed event: ..... Date of event: ..... Time: .....

Location: ..... Address: .....

Description of proposed event: .....

Expected attendance (if applicable): ..... Estimated Revenue: .....

Estimated Expenses: ..... Estimated Net Proceeds to the hospital: .....

Has this event taken place for the Mercy University Hospital Foundation before? .....

If yes, please provide details: .....

How will you promote this event? .....

Will you be adding details of the event to a website, social networking or iDonate fundraising page? .....

If yes, please provide web address: ..... Don't forget to add us on Twitter &amp; Facebook.

Sharing your story (optional): if you are happy to share your reason for holding an event, please attach additional sheets.

**Fundraising materials required from the Mercy University Hospital Foundation:**

(Please note: we will do our best to provide you with all the items you request, however some items are subject to availability.)

Write in how many you request in the boxes below.

1. Sponsorship Cards (27 lines per card)

2. Information brochures about the Mercy University Hospital Foundation

3. Collection buckets                      Balloons ..... Posters ..... Bibs .....

4. T-shirts                                      Small ..... Medium ..... Large ..... Extra Large .....

(PLEASE NOTE: It costs almost €5 to cover the manufacturing of each t-shirt. We appreciate your consideration when ordering quantities. Thank you!)

**Disclaimer and agreement statements:**

Mercy University Hospital Foundation can accept no liability for any loss, damage or injury caused during the event you undertake. The hospital's insurance does not cover property or the property of your helpers and guests, nor does it cover your personal liability for any injury suffered by yourself or your event participants.

The event holder agrees to release the Mercy University Hospital Foundation to the fullest extent permissible under law for claims and demands of any kind, and from all liability that may arise in respect of any damage, loss or injury occurring to any person, except where such liability arise because of the negligence of the Mercy University Hospital Foundation or its agents.

The Mercy University Hospital Foundation reserves the right to terminate the agreement relating to the Event at any time if it appears that there is a likelihood of the Event Holder failing to adhere to any of the above terms and conditions.

Yes, I agree if food is involved with the event to take care and work to ensure safe preparation, storage and cooking and follow good hygiene practices. Yes, I agree to hold my fundraising event in accordance with the terms and conditions of the Mercy University Hospital Foundation's Fundraising Guidelines attached and all applicable laws. Yes, I agree the Mercy University Hospital Foundation will receive all revenue from the event within 30 days of the event. Yes, I agree that all publicity for the event must be approved by the Mercy University Hospital Foundation prior to release/publication.

**Signature of applicant:** .....

Print Name: ..... Date: .....

**Signature of parent/guardian** (if applicant under 18 years of age): .....

Print Name: ..... Date: .....

A huge **THANK YOU** for offering to organise an event in support of the Mercy University Hospital Foundation. We look forward to contacting you regarding your fundraising initiative.**Please return completed form to:**Mercy University Hospital Foundation, 26 Henry Street, Cork, x2 T12 VY09. **E-mail:** info@mercyfundraising.ie **Phone:** 021 427 4076.**www.mercyfundraising.ie****Office Use Only:**

Sponsorship Card numbers given ..... Date materials sent .....

Inputted into database ..... Receipt book number record .....

