



CAUSE MARKETING APPROVAL FORM

If you, your organization or company wishes to conduct a cause marketing fundraising program to benefit Children's Hospital of Orange County (CHOC) or Children's Hospital at Mission (CHM), please complete and sign this form and return it as quickly as possible to CHOC Foundation, 1201 W. La Veta Ave., Orange, CA 92868. Additional information can be obtained by calling (714) 509-3588. On behalf of the children and families we serve, thank you for deciding to support CHOC. Your kindness and generosity is invaluable.

This program to benefit CHOC or CHM will be coordinated and sponsored by:

- Corporation or Business Organization
 Individual CHOC Guild

Name of program: _____ Date(s): _____

Name of the company/sponsor(s): _____

Contact Person: _____ E-mail: _____

Telephone: Day: (____) _____ Evening: (____) _____ Fax: (____) _____

Address:

City: _____ State: _____ Zip: _____

Alternate contact: _____ E-mail: _____

Telephone: Day (____) _____ Evening: (____) _____ Fax: (____) _____

Nature of your business or mission of your organization: _____

Nature of activity/program:

Product(s) or service(s) offered with the program: _____

Have you conducted this program in the past? Yes No

When: _____ Net proceeds: \$ _____

New Program: Estimated gross income: \$ _____

Estimated net expenses: \$ _____

Estimated total net proceeds: \$ _____ Estimated net proceeds to CHOC: \$ _____

If less than 100% of net proceeds, please explain:

Will any other organization(s) benefit from this program? Yes No

If so, please name them and the extent to which they will benefit:

Do you plan to use the CHOC Foundation, CHOC Children's or CHOC Children's Hospital at Mission's name or logo to promote this program? Yes No

If yes, how? _____

(Samples of all materials using CHOC logos and/or CHOC name must be approved by the CHOC Foundation).

Please list any corporations or businesses you plan to ask to support this program:

Contributions to the Foundation are generally unrestricted donations for charitable purposes at CHOC, CHM and any related entity. Are the revenues from this program unrestricted?

Yes No

If no, please indicate the area at CHOC to benefit from your program: _____

CHOC Foundation reserves the right to review all materials that include our name and logo. Please check the types of promotional activity you will be conducting.

- Press releases will be sent to:
- Materials/Flyers will be distributed to:
- Public Service Announcements will be sent to
- Other

Expected date of transmittal of funds to the Foundation:

Please submit progress reports every 60 days on revenues and expenses as well as a final accounting of income and expenses with the transmittal of funds. Check should be made payable to CHOC Children's Foundation.

Nothing in this proposal form shall be construed to authorize the sponsoring individual or organization or any representative of the sponsoring organization to act as an agent of the CHOC Children's Foundation.

I have the authority to sign for my organization.

Signature

Application Date

CHOC Foundation Use:

Date application received _____

Comments _____

Approved Declined Date _____ Signature _____

Amount Received \$ _____ Date _____

Phone Follow-up: Date ____

**CHOC FOUNDATION
CAUSE MARKETING GUIDELINES AND APPROVAL FORM**

CHOC Foundation, responsible for coordinating fundraising activities that support CHOC Children's Hospital (CHOC), CHOC Children's Hospital at Mission (CHM) and any related entity, is pleased to be selected as the beneficiary of financial support resulting from fundraising programs, events or projects (benefits).

In order to ensure that all proposed programs promote the best image of the Foundation, CHOC, CHM and any related entity, and are in the best interests of the public and the Foundation, the organizers of these programs must have approval of the Foundation before proceeding.

For an event/program to be approved, we need the following:

1. A completed Cause Marketing Approval Form together with a signed copy of these Cause Marketing Guidelines. If possible, please submit these at least 60 days prior to the program/event.
2. Any program which involves the use of the names of CHOC, CHM or related entities, their respective logos, or any other terms implying endorsement by or support of the above must be approved in advance by the Foundation in writing.
3. Use of the names CHOC Children's Foundation, CHOC Children's, Children's Hospital of Orange County (CHOC), CHOC Children's Hospital at Mission (CHM) or any related entity which in any way creates or implies liability for the program/event, is prohibited. The sponsoring individual or organization's name must appear in a prominent location in all advertising and promotional material. The names above may not be used in the title or name of the program/event. The statement "Net proceeds to benefit CHOC Children's" or the like may be used on advertising copy but may not be larger than the sponsor's name.
4. Generally, the Foundation accepts fundraising events or programs that promote the good image of CHOC or CHM. Events/programs that may damage or lessen the image of CHOC Foundation, CHOC or CHM can not be approved.
5. The organizers in connection with this program will not undertake any activity that is unlawful under local, state or federal law. The organizer will obtain all permits and licenses.
6. According to the Internal Revenue Code, the fair market value of items, services, or privileges must be determined and clearly stated on all advertising copy, including invitations, tickets, posters, etc.
7. According to the Better Business Bureau Standard 19, marketers should, "Clearly disclose how the charity benefits from the sale of products or services that state or imply that a charity will benefit from a consumer sale or transaction".
8. By signing this agreement, sponsors/organizers/organizations holding a program intended to support the Foundation, CHOC, CHM and/or any related entity agree to indemnify, defend and hold the Foundation, CHOC, CHM, and/or any related entity harmless against and in respect of any and all claims, demands, losses, costs, expenses, obligations, liabilities, damages, recoveries and deficiencies, including interest, penalties and reasonable attorneys' fees that shall be incurred or suffered by the Foundation, CHOC and/or CHM which arise, result from or relate to applicant's fund raising program or applicant's performance of its agreement as specified in these Cause Marketing Guidelines and the Cause Marketing Approval Form.

9. If any type of promotion person or company is engaged to coordinate the program, notify the Foundation immediately. Compensation to promoters shall not be based on commission or percentage of monies raised. The Foundation will decline to participate in any fund raising program using paid solicitors to request donations or sell products by phone.
10. The names of any businesses to be solicited for support must be submitted to the Foundation so that conflicts may be avoided with sponsors and donors who may already be involved with other fund raising efforts benefiting the Foundation, CHOC, CHM or any related entity.
11. Bank accounts containing the name of the Foundation, CHOC, CHM or any related entity are not permitted.
12. The Foundation is not responsible for processing or paying any benefit expenditures from donated funds designated to the Foundation, CHOC, CHM or any related entity.
13. No exploitation of patients or their families served by CHOC, CHM or any related entity will be allowed.
14. The Foundation assumes no responsibility for promoting the program.
15. The Foundation reserves the right to deny approval of programs which conflict with scheduled events/programs being conducted by the Foundation, CHOC, or CHM.
16. Expenses in connection with a fund raising program supporting the Foundation, CHOC, CHM or any related entity should not exceed 50% of the anticipated revenues.
17. Organizers of the program are not authorized to act as an agent of the Foundation, CHOC, CHM or any related entity.
18. A check for the proceeds should be payable to CHOC Foundation and forwarded along with a financial statement outlining the program's income and expenses within 60 days following completion of the program.
19. The Foundation will be given two tickets to any approved program/event at no charge.
20. CHOC Foundation may direct the organizer to cancel the program/event if any of the above guidelines are abused.
21. Exceptions to the above guidelines may be granted after review by the Executive Director of CHOC Foundation and/or the Executive Committee of the Foundation's Board of Directors.

The undersigned understands the above guidelines and agrees to comply with them. I/We hereby certify that the information provided on the accompanying Cause Marketing Approval Form is true to the best of my/our ability:

Name

Name

Title

Title

Date Signed

Date Signed

Please sign and return original to:

Sarah Butler
Director Corporate Relations
CHOC Children's Foundation
1201 West La Veta Ave.
Orange, CA 92868-3874

Phone: (714) 509 - 3588
Fax: (714) 509 - 8630
Email: sbutler@choc.org

Please retain a copy for your files and, thank you again for your support!