

# Wake Forest Baptist Medical Center Office of Philanthropy COMMUNITY FUNDRAISER GUIDELINES

We are delighted that you want to raise money to contribute to Wake Forest Baptist Medical Center! The following guidelines cover what you must know and observe in order to use the Wake Forest Baptist Medical Center name. They will also help with your planning as you organize your tasks and timelines.

#### Your Must-Do List for an event benefiting Wake Forest Baptist Medical Center

- Complete our event information form at least 4-6 weeks in advance (including annual events. All events must be approved by our office and until approval is given, no public announcements or promotion may be made.
- Send all print, digital and online event materials to us for approval. Any materials that include the Wake Forest Baptist Medical Center name and/or logo must be approved by the Office of Philanthropy before they are produced. Materials include, but are not limited to, advertising, press releases, t-shirts, posters, flyers, apparel and accessories.
- Please do not list Wake Forest Baptist Medical Center as the sponsor or host of the event. Publicity should list the name of the event followed by "...benefiting Wake Forest Baptist Medical Center." If the funds raised are designated to a particular area, list the area as the beneficiary, not the hospital's name in general (e.g., "...benefiting the Breast Care Center Patient Support Fund at Wake Forest Baptist Health's Comprehensive Cancer Center".
- Before soliciting any businesses for contributions or sponsorships, please send a list of businesses you wish to solicit to the Office of Philanthropy. We are fortunate that many local businesses support Wake Forest Baptist Medical Center. For you to be successful, we want to make sure we are not asking the same businesses repeatedly or "double-asking" especially if we are holding a fundraiser during the same time period. We can supply a list of businesses that should not be contacted.
- All publicity must state the percentage or amount of proceeds given to Wake Forest Baptist Medical Center unless the hospital receives 100 percent of the proceeds from the event.

## What our Wake Forest Baptist Medical Center Office of **Philanthropy** can do and cannot do for your event.

#### We can provide -

- A letter of authorization you may use to validate the authenticity of the event.
- Approval for use of logos and logo files.
- Promotion of the event on the Wake Forest Baptist Medical Center Office of Philanthropy webpages.
- We may be able to provide tax receipts to donors who make tax-deductible contributions payable to Wake Forest Baptist Medical Center.

#### We cannot-

- Provide on-site staff, volunteer support, or guarantee a speaker at your event.
- Extend our tax-exempt status to you.
- Provide giveaways or prizes for silent auctions or promotions.
- Provide funding or reimbursement for event expenses.
- Solicit sponsorships for the event.
- Provide mailing lists.
- Provide insurance coverage.
- Publicize your event to media or seek media coverage.

#### **Event Proceeds**

For our institution's accounting purposes, please present funds raised for Wake Forest Baptist Medical Center to the Office of Philanthropy within 30 days of the event.

Event participants should write checks to the event organizer or group. After the event, the organizer should present one check (representing the net proceeds) made payable to Wake Forest Baptist Medical Center. Please include the Proceeds Transmittal Form with your check. If event participants' checks are made payable to Wake Forest Baptist Medical Center, we ask the event organizer to include that information on the Proceeds Transmittal Form and provide this form when delivering the proceeds to the Office of Philanthropy.

IRS guidelines prevent us from providing tax receipts for non-gift transactions such as ticket sales, purchases, raffle tickets, etc. We may be able to provide tax receipts for tax purposes to donors who make tax-deductible contributions (gifts) to Wake Forest Baptist Medical Center directly. If someone makes a payment that is partly a gift and partly in consideration for goods or services received, the value of the goods or services received is not tax-deductible.

Please note goods and services received on proceeds transmittal form.

### COMMUNITY FUNDRAISER GUIDELINES

#### Insurance, permits, expenses, cancellations, release of liability

The event organizer is responsible for all expenses and must obtain any necessary permits, licenses and insurance. Wake Forest Baptist Medical Center and all related entities cannot assume any type of liability for your event. If circumstances warrant (e.g., fraud, negative exposure, etc., Wake Forest Baptist Medical Center may at any time, through members of its Advisory Group or senior administrators, direct you to cancel the event. You must agree to cancel the event if so directed and further agree to release Wake Forest Baptist Medical Center and its officers and employees from any and all liability in connection with any such action.

Should Wake Forest Baptist Medical Center decline the event form or choose not to be affiliated with the event in question, reference to Wake Forest Baptist Medical Center in any form (i.e., use of name or logos, etc. will not be permitted.

#### **Publicity and Media**

We are grateful when successful community fundraising events gain attention from media outlets, but we are limited in how much help we can provide.

Wake Forest Baptist Medical Center Office of Communications, Marketing and Media coordinates all contact with media on behalf of the Medical Center. Only staff members who are authorized to work with the media are allowed to contact media representatives or to invite them to campus. (NOTE: Office of Philanthropy staff members are not authorized.)

While we can respond to media requests for comments about your event, we are not able to coordinate media coverage, and the Medical Center campus is not available for interviews, press conferences or photo opportunities with the media.

To help with publicity, we encourage you to use our press release template and to contact media about your event in advance and to announce your results.

#### **Check Presentations and Photos**

Office of Philanthropy staff can arrange for a check presentation and photographs (not involving media outlets) with an appropriate backdrop and setting. Please know that we are not able to include patients, and our ability to include physicians, nurses and clinical staff is limited. If you are interested in learning more, please contact 336-716-7985 for more information.



# Wake Forest Baptist Medical Center Office of Philanthropy COMMUNITY FUNDRAISING EVENT FORM

| Name of organ  | nization or company plan              | ning event:          |                  |            |        |
|--|---------------------------------------|----------------------|------------------|------------|--------|
| Contact Persor   | ı:                                    |                      |                  |            |        |
|  |                                       |                      |                  |            |        |
|  | ss:                                   |                      |                  |            |        |
|  |                                       |                      |                  |            |        |
|  | Company website:                      |                      |                  |            |        |
| Phone: Home:   |                                       | Work:                | Cell             | :          |        |
| Email:   |                                       |                      |                  |            |        |
| ls your organiz  | ation: Nonprofit Fo                   | r-profit             |                  |            |        |
|  | e your organization or co             |                      |                  |            |        |
|  | MATIONI                               |                      |                  |            |        |
| EVENT INFOR  | MATION                                |                      |                  |            |        |
| Is the event:  | ☐ One-time event☐ Open to the public☐ |                      | □ On-going proj  | ect        |        |
| Name of event  | :                                     |                      |                  |            |        |
| Date:  | Time:                                 | Location             | :                |            |        |
| Briefly describe   | e the event:                          |                      |                  |            |        |
|  |                                       |                      |                  |            |        |
|  |                                       |                      |                  |            |        |
| Why did you c  | noose Wake Forest Baptis              | st Medical Center to | be the beneticia | ry of your | event? |
|  |                                       |                      |                  |            |        |
| Have you held  | a fundraising event befor             | re?                  |                  | Yes        | No     |
| Do you need a letter of support from Wake Forest Baptist Medical Center? |                                       |                      |                  | Yes        | No     |
| Do you plan on using the Wake Forest Baptist Medical Center logo?        |                                       |                      |                  |            | No     |
| If you placed re   | and the event quidelines              | on proper usage      |                  |            |        |

| Do you have a Facebook page for the event? Yes No  |
|--|
| How will you promote this event?   |
| How will the funds be raised? Please use attached fundraiser proceeds form when you turn in money  |
| □Ticket Sales □Sponsorships □Auction/Raffle □Other   |
| *Please attach information on sponsorships including full amount of sponsorships and fair market value of goods and services received. Please be aware that monies given to purchase tickets, auction items, raffle tickets, food, etc. are not considered charitable gifts. If someone makes a payment that is partly a gift and partly in consideration for goods or services, that person will receive a receipt for the gift amount only; the value of the goods or services received is not tax-deductible. |
| Who will you solicit?  |
| □ Friends □ Family □ Clients □ Local Businesses (List names of businesses to be solicited for the event):  |
|  |
| (If more space is needed, please use back of page)   |
| Is Wake Forest Baptist Medical Center the sole beneficiary? Yes No<br>If no, please list other beneficiaries:  |
| Where would you like your funds directed?  |
| □ Brenner Children's Hospital Fund   |
| Dean's Fund for Education  |
| □ Diabetes Research Fund   |
| □ Discovery Fund the Comprehensive Cancer Center   |
| Excellence in Heart and Vascular Fund  |
| □ Gerontology Support and Research Fund  |
| □ Regenerative Medicine Fund   |
| Other  |
|  |
| How will expenses be paid? □ From proceeds □ By event organizer  |
| Anticipated total funds raised: \$   |
| Anticipated total expenses: \$   |
| Anticipated donation: \$   |

### Wake Forest Baptist Medical Center Office of Philanthropy

If you have questions, please call 336-716-4589.

### COMMUNITY FUNDRAISING EVENT FORM

| I agree that Wake Forest Baptist Medical Center will receive proceeds from the event within 30 days of the event.  |  |  |  |  |  |
|--|--|--|--|--|--|
| I agree that all printed materials and publicity for the event must be approved by Wake Forest Baptist Medical Center prior to being released, printed, etc. |  |  |  |  |  |
| I have read the guidelines for community fundraisers for Wake Forest Baptist Medical Center and agree to follow them as stated.                              |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Date:  |  |  |  |  |  |
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## COMMUNITY FUNDRAISERS

### for the benefit of Wake Forest Baptist Medical Center

#### How do we define a fundraising event?

A fundraising event is any organized activity or social function that is held for the purpose of raising money for a charitable organization, in this case Wake Forest Baptist Medical Center.

## Can I direct the proceeds from my fundraiser to a certain area or fund at the Medical Center? Example: cancer, aging, etc.

Yes, you can. Listed on the event form are a variety of funds for areas within the Medical Center. Please choice one of the funds or check other and tell us where you would like the funds directed.

#### When will I know if my event is approved as a fundraiser for Wake Forest Baptist Medical Center?

Within 10-14 days after we receive your event form, a staff member will contact you. Please make sure to fill out all the fields on the event form.

#### May I use the Wake Forest Baptist Medical Center name and logo?

Once your fundraiser is approved, we will provide you with our logo for your marketing materials. We must approve all documents and materials with our name and logo before printing or distribution, including the use of the Wake Forest Baptist Medical Center logo on any website.

#### Will someone from Wake Forest Baptist Medical Center attend and/or speak at my event?

Because of the large demand on clinical and support staff, we are not able to guarantee a speaker but will make every effort to schedule someone.

#### May we use Wake Forest Baptist Medical Center 501(c)(3) federal tax identification number?

No, if a business makes a donation to your event and requires proof of Wake Forest Baptist Medical Center tax-exempt status, we can supply this directly to them.

# Do I need to create a 501(c)(3) (non-profit) organization to host a fundraiser for Wake Forest Baptist Medical Center?

No, anyone can host a fundraiser for Wake Forest Baptist Medical Center without a non-profit status. If your organization claims 501(c)(3) status, you will need to provide a tax receipt for any donations or sponsorships.

#### Can Wake Forest Baptist Medical Center issue gift receipts to my donors for tax purposes?

Only if the checks are written to Wake Forest Baptist Medical Center. Since you are not an agent of Wake Forest Baptist Medical Center, you may not issue tax receipts for donations made to Wake Forest Baptist Medical Center. We cannot provide tax receipts for non-gift transactions, such as ticket sales, purchases, raffle tickets, etc. If someone makes a payment that is partly a gift and partly in consideration of goods or services, that person will receive a receipt for the gift amount only; the value of the goods or services received are not tax-deductible.

Please refer to the EVENT PROCEEDS section in the guidelines for more details.

#### Will you advise us regarding sponsorships and in-kind donations?

Yes. Having a sponsor is a great way to offset the costs of your fundraiser. Wake Forest Baptist Medical Center has developed relationships with businesses and vendors in our community and we take great care to foster these relationships. To avoid duplicate solicitations, you must notify the Philanthropy Office before asking a business or vendor for any kind of sponsorship or contribution, cash or in-kind. If you are not with an organization that claims 501(c)(3) status, please do not promise a charitable tax receipt.

#### Does Wake Forest Baptist Medical Center provide event insurance?

No. Because Wake Forest Baptist Medical Center is the beneficiary and has no direct involvement with operating the fundraiser, we do not provide event insurance. The fundraising coordinator is responsible for obtaining any required permits and certificates of insurance.

#### Should I send a personal thank-you letter or card to my donors?

Definitely! It is important to thank everyone who was involved with your fundraiser. We suggest that you send a letter or card within one week after your fundraiser. Don't forget to thank your volunteers and committee!

# Wake Forest Baptist Medical Center Office of Philanthropy PROCEEDS TRANSMITTAL FORM

| Event:                   | NETTROCEEDS                               |  |  |  |
|--------------------------|---|--|--|--|
| Date of Event:           | Cash Total \$                             |  |  |  |
| Today's Date:            |   |  |  |  |
| Organizer Name:          | Check Total \$ (please list checks below) |  |  |  |
| Phone:                   |   |  |  |  |
| Net Proceeds: \$         | Grand Total \$                            |  |  |  |
| Designation of Proceeds: |   |  |  |  |

NET PROCEEDS

| Name on Check | Check<br>Amount | Donation | T-Shirts | Raffle<br>Tickets | Auction Item<br>Purchase | Admission/<br>Registration Fees | Miscellaneous<br>Purchases |
|---------------|-----------------|----------|----------|-------------------|--------------------------|---------------------------------|----------------------------|
|               |                 |          |          |                   |                          |                                 |                            |
|               |                 |          |          |                   |                          |                                 |                            |
|               |                 |          |          |                   |                          |                                 |                            |
|               |                 |          |          |                   |                          |                                 |                            |
|               |                 |          |          |                   |                          |                                 |                            |
|               |                 |          |          |                   |                          |                                 |                            |
|               |                 |          |          |                   |                          |                                 |                            |

Please deliver proceeds with this form to Wake Forest Baptist Medical Center Office of Philanthropy:

#### **Mailing Address**

Wake Forest Baptist Medical Center Office of Philanthropy P.O. Box 571021 Winston-Salem, NC 27157-1021

#### **Physical Address**

Piedmont Plaza One 7th Floor Office of Philanthropy and Alumni Relations 1920 W. First St. Winston-Salem, NC 27104

