

## Third Party Fundraising Event Form

We thank you for your interest in supporting St. Jude Medical Center's mission to continually improve the health and quality of life in the community. These types of philanthropic partnerships are valuable in expanding St. Jude Medical Center's efforts to provide the highest quality of care to the community.

Please complete the event proposal form below and submit for approval to Noreen Jung, Donor Relations Manager, at [Noreen.Jung@stjoe.org](mailto:Noreen.Jung@stjoe.org). For questions, call (714) 992-3033.

*Please note: St. Jude Memorial Foundation is not able to obtain gaming/liquor licenses on behalf of organizing group.*

### CONTACT INFORMATION

Host Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Organization Type:

- ☐ School
- ☐ Corporation (Restaurant, Retail store, etc.)
- ☐ Community/Service Group
- ☐ Individual(s)
- ☐ Other (please specify):

\_\_\_\_\_

Main Contact: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

# EVENT DESCRIPTION

The full amount raised by the third party event must be submitted to St. Jude Memorial Foundation, 1440 N. Harbor Blvd., Suite 200, Fullerton, CA 92835, within thirty (30) business days of the event date.

Name: \_\_\_\_\_

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

Venue: \_\_\_\_\_

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

Expected Number of Attendees: \_\_\_\_\_

Please provide a brief description of your event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event Fundraising Goal *(please provide an estimated amount)*:

\$\_\_\_\_\_

Funds Designation *(please select one)*:

- ☐ 3D Mammography Project
- ☐ St. Jude Neurosciences Institute and Stroke Program
- ☐ St. Jude Crosson Cancer Institute
- ☐ Care for the Poor Programs
- ☐ Palliative Care
- ☐ Advancing Clinical Excellence
- ☐ Where the Need is Greatest

## MARKETING MATERIALS:

*Due to limited resources and staffing, we may, but are not obligated to, provide marketing assistance.*

*Please complete the following questions:*

1. St. Jude Memorial Foundation can provide an electronic copy of our logo for your promotional materials. Are you requesting a copy of our logo?

☐ Yes    ☐ No    (*File Format Preferred: ☐ JPEG ☐ PNG ☐ AI*)

2. The event organizer understands and agrees that St. Jude Memorial Foundation must approve all promotional materials (*press releases, posters/flyers, scripts, brochures, etc.*) BEFORE they are printed and distributed.

☐ Yes    ☐ No

3. Does your event have a Facebook page?

☐ Yes    ☐ No    URL: \_\_\_\_\_

4. Do you require a representative of St. Jude Medical Center to speak at your event?

☐ Yes    ☐ No    Details: \_\_\_\_\_

5. Are there any opportunities for St. Jude Memorial Foundation to leave marketing collateral at the event if desired?

☐ Yes    ☐ No    Details: \_\_\_\_\_

6. Other Requests/Comments:

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*If appropriate, the St. Jude Memorial Foundation has the right to promote the event through St. Jude's social media channels and internal hospital communications.*

*By signing below, I have completely read and fully understand the above requirements for hosting a third party fundraising event and agree to be bound thereby.*

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_