

Advocate Aurora Health Foundations

Third-Party Event Application

Welcome! Thank you for your interest to host an event benefiting Advocate Aurora Health Foundations. Your efforts will allow us to improve the services and resources available to support the health care needs of our patients, families and communities, and help us accomplish our mission to help people live well!

Please answer all questions below. Allow 2 weeks for review and to receive a response. Please hold on promoting the event in any way until the fundraiser is approved.

Thank you for your support!

Primary Event Contact Information

1. Full name _____
2. E-mail address _____
3. Phone number _____
4. Name of Organization/Group (if applicable) _____
5. Street Address _____
6. City, State, Zip _____
7. Alternate event contact name (if applicable) _____
8. Alternate event contact e-mail (if applicable) _____

Event Details

9. Fundraiser name _____

10. Please state which Advocate Aurora Health site will benefit from the event proceeds:

11. Please list the program that your event proceeds will benefit *(ex: cardiology, oncology, NICU, etc.)*

12. Type of event *(ex: walk/run, golf outing, lemonade stand, cocktail party, etc.)*

13. Description of event

14. Location of event _____

15. What is the date of your event? _____

16. Time of event Morning Afternoon Evening

17. Anticipated attendance _____

Fundraising Details

18. What is the anticipated revenue? _____

19. What is the total amount of anticipated expenses? _____

20. Will any other organizations benefit from this event, if yes, please list below?

Additional Information

21. What marketing and promotional tools will you be using before, during, and after the event *(ex: social media, emails, fliers, radio, television)*

22. Has your organization hosted an event benefitting Advocate Aurora Health in the past?

Yes No

Waiver/Agreement

23. I understand that by submitting this application, I am requesting review for approval of my event.
- I understand that Advocate Aurora Health Foundations is to approve the use of their logo prior to distribution or publication of any event marketing materials.
- I understand Advocate Aurora Health Foundations cannot guarantee the availability of a charity representative and has limited resources for support of this event.
- I understand Advocate Aurora Health Foundations cannot assume liability for an event conducted on its behalf.
- I understand that I am solely responsible for all expenses and liability associated with the event.
- I agree to submit the full donation to Advocate Aurora Health Foundations within 30 days from the event date.
- I understand that by submitting this application I am taking on the responsibility as the Event Organizer. I will be responsible for all fundraising efforts and logistics from inception to the day the check/donation is issued to Advocate Aurora Health Foundations. This includes obtaining all vendors (venue, entertainment, food/beverage, etc.), staffing/volunteers, securing auction items; drawing participants to the event and all fundraising aspects associated with the event.
24. By checking this box, I have complete understanding and compliance with the terms of the third-party fundraising event application listed above. I agree

Signature: _____ Date: _____

Supporting Documents

Please send any supporting documents or materials that would be helpful when reviewing your submission (contracts, invitations, promotional materials) to Marina Grant at marina.grant@aah.org.