

**Lowell General Hospital
Third Party Fundraising Contract**

**Thank you for offering to participate in or host a fundraising event
to benefit Lowell General Hospital.**

We are genuinely grateful to you for wanting to plan an event, or conduct a sale to support the patient care services, programs and activities of Lowell General Hospital (LGH). Over the years, LGH has been the beneficiary of funds raised by thoughtful individuals, organizations, businesses and groups throughout our community. Funds raised help support patient care services, direct patient needs and community health programs at the hospital.

Please take a moment to respond to the questions below. Your answers will give the Philanthropy staff a better understanding of your intentions and how LGH can ensure your success.

Contact Information

Name of organization or individual hosting this event:

Contact Person: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____ E-mail: _____

Event Information

Date of Event: _____ Time: _____

Event Location:

Name of Event:

Cost of Admission to Event:

(LGH is not responsible to provide donor acknowledgments or tax deduction information to third party event donors, unless otherwise indicated.)

Anticipated Percentage/Amount to be donated to LGH:

Please describe the event:

(We reserve the right to withhold approval for your event to affiliate with Lowell General should the event conflict with our mission, vision or values.)

Event Budget

Anticipated costs: _____

How will these costs be pre-paid (if applicable): _____

(Please note that LGH will not be responsible for any debt incurred from this event.)

Staffing Event

Who will organize and run the event? Please list all parties involved & their roles:

Name: _____ Role: _____

Name: _____ Role: _____

(Please forward names of other organizers as they become available.)

Guest List

We ask that third party event hosts share the contact information of attendees, as applicable, so that we can communicate news of the hospital and/or other events that may be of interest. If possible, please provide this information to the Philanthropy Office within two weeks of your event.

Marketing Your Event

We are pleased to help promote your event through our employee newsletter, **Heartbeat**, through email blasts and social media postings, press releases and via our website www.lowellgeneral.org as our staff resources and time permit.

Lowell General requires that all advertising/promotional materials for third party fundraising events be reviewed by our Philanthropy Office before distribution to insure they comply with the hospital's marketing and branding policies. The use of the LGH logo and/or other likeness is not permitted without prior approval.

Who will be invited?

How will this event be promoted and/or advertised?

Mailing Poster Other
 Press Release Email Newsletter
 Website

(Please note that the LGH donor database and employee records are not public information and that patient data is not disclosed for this use.)

What are your expectations of Lowell General?

(Lowell General is not responsible for any actions taken by the third party host and will not assume any liability for such actions.)

Additional information or comments:

Signature: _____

Date: _____

On behalf of our patients, employees and leadership, thank you once again for reaching out and helping us achieve our mission. We cannot possibly do all that is needed without your generous support!

**Please return this form to:
Andrea A. Jackson
Team *Walk* Manager
Office of Philanthropy
Lowell General Hospital
295 Varnum Avenue
Lowell, MA 01854**

For more information, please contact Andrea Jackson.
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