

Guidelines for Third-Party Fundraisers

Hospice Austin welcomes our community's initiatives to help further promote awareness and funding for our programs. However, due to limited staff time, Hospice Austin must commit its resources to the number of internal fundraising events already being offered to sustain services. By taking on a fundraiser, a third-party assumes the responsibility of creating a successful event without a significant level of assistance from Hospice Austin.

If you are interesting in conducting and organizing a third-party fundraiser to benefit Hospice Austin, please follow the following guidelines:

- All actions for a proposed fundraiser must be approved by the Director of Development and/or Foundation Board to assure the proposal is within Hospice Austin's guidelines and consistent with the mission
- Prospective third-party organizers must be compatible with our mission and be in good standing within the Central Texas community
- Dependent on fund availability, Hospice Austin cannot promise to incur expenses to assist in third-party proposals
- All prospective businesses and individuals to be solicited must be submitted to Hospice Austin's Development Dept. prior to solicitation.
- Use of logo, name and mission must be approved by the Development Dept. and/or Foundation Board
- Proposals submitted by a third-party must clearly and specifically state the terms of service, attendance, and work of Hospice Austin advocates and staff members
- Hospice Austin will not solicit participation from our clients in any third-party events beyond notifying them of the event details, such as time, date & place
- All media and public communication mentioning Hospice Austin, our mission, work and logo must be approved by Hospice Austin's Communication Coordinator
- Hospice Austin reserves the right to protect the privacy of its clients, donors, volunteers, staff, and all others affiliated with Hospice Austin
- A donation solicited on our behalf, whether the donation is an item or cash, is fully tax-deductible only when it is made directly and entirely to this agency. This information must be made explicitly clear in promotion of the event or campaign.
- As recommended by our fundraising guidelines, we ask that no more than 25% of gross revenue generated be used to cover expenses.

Each request will be considered individually. Generally, the following events or campaigns will not be approved:

1. Events/campaigns falling in close proximity to a Hospice Austin event.
2. Events/campaigns that rely heavily on the use of Hospice Austin staff and/or volunteers.
3. Events/campaigns which require Hospice Austin to sell tickets, coupons, etc.
4. Events/campaigns that require significant attendance from Hospice Austin staff and/or volunteers, or response from our mailing list, to generate the majority of revenue.
5. Benefits involving the sale of tickets or merchandise on the "remit or return" plan, or one that employs salespeople on a commission basis.
6. Ongoing campaigns which promise the public that a percentage of profits will go to Hospice Austin, unless documented and verifiable.

Third-Party Fundraising Information Form

Sponsoring Organization: _____

Contact Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Date of event: _____ Time: _____

Location: _____

Event Description: _____

What is your estimated revenue for this event? _____

What percentage of revenue will be used for expenses? _____

Please list any other charitable organizations that will benefit from this event:

Will businesses be contact for donations (in-kind/monetary)? Yes No

If yes, please list prospects for Hospice Austin to review: _____

How will Hospice Austin receive proceeds from the event? _____

Do you plan to use Hospice Austin's names or program information in promoting the event?

Yes No

If yes, please list prospective materials you plan to create for Hospice Austin to review:

What types of promotion do you plan to use? (fliers, newsletters, radio etc) _____

Can Hospice Austin provide you with materials on our programs to display at your event?

Yes No

Please describe what additional involvement or roles you would like from the staff of Hospice Austin for your event.

Additional comments:

Signature: _____ Date: _____

Please return this form to Hospice Austin for approval:

Grace Holland

Hospice Austin

4107 Spicewood Springs Rd, Ste 100

Austin, Texas 78759

Fax: (512) 795-9053

Thank you for supporting Hospice Austin!