Dear Friend,

Thank you for your interest in supporting Baltimore Washington Medical Center. The generous support of groups and organizations throughout our community and region help BWMC continue to provide the excellent healthcare services that make a difference in the lives of our family, friends and neighbors.

Please take a moment to carefully review the Community Special Events Policy for fundraising on behalf of BWMC. Included are valuable tips and tools that will help you to engage your group members, friends, and local businesses in your fundraising efforts. The policy covers guidelines for soliciting donations, acknowledging tax-deductible gifts, and publicizing your event.

Enclosed you will find:

- BWMC Foundation Special Events Policy
- Community Fundraising Event Proposal Form
- Gift-in-Kind Form on BWMC Foundation letterhead
- Sample Solicitation Letter to be used with your organization logo/letterhead
- Donation Return Envelope

Your partnership in our efforts to continually raise the standard of healthcare in our region is most welcome. Please don’t hesitate to call if you have further questions or if I can assist you in any way.

I wish you every success in your fundraising efforts!

Sincerely,

Adrianne Carroll
Major Gifts Officer
BWMC Foundation
300 Hospital Drive, Ste. 231
Glen Burnie, MD 21061
410-553-8559
acarroll@bwmc.umms.org
BWMC Community Fundraiser Proposal

Thank you for considering Baltimore Washington Medical Center Foundation regarding your proposed fundraiser. As a private not-for-profit Medical Center, community support is very much a part of our success. Please take a moment to summarize your activity by providing the following information. We will respond as soon as possible.

Event Date:________________________________________

Event Name:________________________________________

Event Location:______________________________________

Briefly describe the event and how funds will be raised________________________________________

______________________________________________

Financial Goal:___________ Gift to benefit? (BWMC Department):______________

Name of Organization:________________________________________________________

Address:______________________________________________________________

____________________________________________

Event Coordinator:_________________ Home Phone:_________________

Email:_________________________ Work/Cell Phone:_________________

Will BWMC be the sole beneficiary? If not, what other charity(ies) are you supporting?

____________________________________________

NOTE: All publicity (flyers, newspaper ads radio, etc.) must be approved by the BWMC Foundation.

Contributions should be made payable to Baltimore Washington Medical Center Foundation or BWMC Foundation and sent to:

    BWMC Foundation
    Adrianne Carroll
    300 Hospital Drive, Ste. 231
    Glen Burnie, MD  21061
    Phone: 410-553-8559  Fax 410-595-1942 Email: acarroll@bwmc.umms.org
GIFT-IN-KIND DONATION FORM

Thank you for your support of our fundraising efforts.

Company Name:_____________________________________________________

Address:___________________________________________________________

___________________________________________________________________

Contact Person:_____________________________________________________

Phone:_____________ Fax:_____________ Email:__________________________

Description of Article(s) or Service(s)

___________________________________________________________________ Value:________________

___________________________________________________________________ Value:________________

___________________________________________________________________ Value:________________

Baltimore Washington Medical Center Foundation is a 501- c (3) charitable organization that exclusively administers all gifts on behalf of Baltimore Washington Medical Center. All contributions are tax-deductible to the fullest extent of the law. The statement of value for gifts-in-kind is the privilege and responsibility of the donor. A letter and receipt to acknowledge your generous gift will be forwarded to you.

Please complete this form and return to the address below:

Adrienne Carroll  
BWMC Foundation  
300 Hospital Drive, Ste. 231  
Glen Burnie, MD  21061  
Phone: 410-553-8559  
Fax: 410-595-1942
SAMPLE SOLICITATION LETTER

Event/Organization Name

Dear Friends,

The [name of organization] will be hosting [name of fundraising event] to benefit Baltimore Washington Medical Center and will be held on [date/time] at [location].

We’re asking local individuals, businesses and organizations to support this event. Baltimore Washington Medical Center is a non-profit healthcare organization, which means that your contribution helps to meet critical healthcare needs and underwrite programs that benefit our community.

If you have any questions or need additional information, please contact me at [phone and/or email].

Thank you for consideration of this request and for your support of Baltimore Washington Medical Center.

Sincerely,

[Community Event Coordinator]
SUMMARY: Special events are designed to raise funds and/or generate awareness of Baltimore Washington Medical Center (BWMC) and Baltimore Washington Medical Center Foundation, Inc. (the foundation). These events may include dinners, receptions, dances, bull roasts, golf tournaments, galas, openings, lectures, etc. These events are managed and directed by the Foundation. Other events that are not managed by BWMC may result in gifts to the Foundation. It is the policy of the Foundation to uphold strict guidelines regarding the nature of the event and the use of the trademarked Baltimore Washington Medical Center name and logo(s).

POLICY: It shall be the policy of the Foundation to develop, organize, promote and execute special events for the benefit of BWMC and the Foundation. Special events may be fundraisers or stewardship activities and ideally both, depending on the nature and goals of the event. Board members and other volunteers may host or be involved with the development, planning and execution of the event.

COMMUNITY-BASED EVENT POLICY: It shall be the policy of the Foundation that any events undertaken by non-BWMC affiliated individuals or organizations for the benefit of any part of Baltimore Washington Medical Center will be required to notify the Foundation in advance of publicizing the event. These events are to be of a nature that they do not rely solely upon the name of BWMC for promotional purposes. If approved, it will be appropriate to accept funds from these events. These gifts must follow all appropriate Foundation gift policies and may be designated by the group to any approved priority of the Medical Center.

PROCEDURE:

1. Outside organizations wishing to sponsor an event to benefit BWMC shall provide a detailed description of the event and any other pertinent information as determined by the Foundation. A form will be provided by the Foundation for this purpose.

2. Appropriate representative(s) of sponsoring entity are required to sign an agreement acknowledging notification and receipt of the Foundation’s Special Events Policy. Sponsor agrees to uphold the standards and practices outlined by the Foundation regarding events and collection of funds.

3. Sponsoring entity agrees to make every effort to convey the true nature of the event and clarify that BWMC is not the host of the event, but will be the beneficiary of full or partial proceeds.

4. Sponsoring entity agrees to full disclosure to interested participants regarding the level of financial support pledged to BWMC.
5. All publicity of any kind (including press releases, invitations, advertisements, etc.) must be cleared by the Foundation when BWMC’s name is used in connection with the event.

6. Any and all use of the Baltimore Washington Medical Center name and/or logo(s) must be reviewed and approved by the Foundation in accordance with internal policies.

7. Costs incurred by this event will be the responsibility of the organizer/organizing group.

8. It is the policy of the Foundation to protect the confidentiality of contact information, including addresses and phone numbers, of Baltimore Washington Medical Center donors and volunteers. In special cases, BWMC may offer to distribute limited amounts of materials to Foundation contacts on behalf of the sponsoring party. This function is subject to review for impact on staff time and resources.

9. Sponsoring organizations are solely responsible for securing appropriate permits, licenses, and insurance needed for the event.

10. BWMC shall in no way be held liable for any injury or damage resulting from events, approved or otherwise, which are undertaken by third parties stating that their intent is to benefit the hospital.

11. BWMC reserves the right to refuse any event not considered to be in keeping with the mission of BWMC and/or the goals of BWMC Foundation.

7/17/07
Policies: special events approved by Foundation Board

I have been notified of Baltimore Washington Medical Center Foundation’s Special Event Policy and I have received a copy of this policy. I agree to uphold the standards and practices outlined by the Foundation regarding events and collection of funds.

________________________________________________________________________
Name Organization

________________________________________________________________________
Signature Date