

Planning A Fundraiser

Overview

Thank you for your interest in hosting a fundraiser on behalf of St. Joseph's Regional Medical Center! We welcome the support of businesses, schools, community organizations, and other groups or individuals who would like to host a fundraiser to benefit St. Joseph's. These can be fun, easy, and great ways to make a difference for our patients. Proceeds from your event can be directed towards the program or area of your choice, for example, to benefit St. Joseph's Children's Hospital, or our Pediatric Feeding & Swallowing Center, just to name a few.

Event Notification & Approval

The first step is to complete the Event Proposal Form so that we know what your group has in mind and to prevent planning conflicts. Please download the form here. If you need assistance, please contact:

Chanelle Walker, Special Events Coordinator
St. Joseph's Regional Medical Center Foundation
973.754.4408 * 973.742.0870 FAX
walkerc@sjhmc.org

Approval of Print Materials & Logo Use

Please note that anytime you use our name or logo, we need to know about it to ensure that all materials associated with our name are accurate and appropriate. This applies to website postings, printed materials, promotional items, etc. All materials should be forwarded to the Foundation for approval prior to printing, distribution or posting. Once materials are approved we will assist in the placement of our appropriate logo(s).

Resources

We have many resources that will help share our message with your group. Please see the materials below to help you in your planning. We also encourage you to explore our website at www.StJosephsHealth.org for information about specific programs, projects, latest news and patient stories, all of which we encourage you to share with your group.

- [St. Joseph's Healthcare System Fact Sheet](#)
- [St. Joseph's Children's Hospital Fact Sheet](#)
- [Latest Edition of Our Newsletter, *Raising Sights*](#)

Please note that while the St. Joseph's Regional Medical Center Foundation staff may provide guidance to your event once it is approved, we are generally unable to provide administration or logistical assistance (such as distributing invitations, compiling, responses, selling tickets, serving on event committees, etc.).

Mailing Lists

St. Joseph's continually seeks to expand our family of friends and supporters. We welcome any new donors or friends that would like to learn more about us because of participation in your event. We would be most grateful for any contact information or email addresses you have collected as a result of your event that we can include in future mailings.

General Guidelines

The first step in planning a fundraiser is the completion of the **Event Proposal Form** detailing the particulars of the event. Our staff can assist you in this process, and will respond to your request within one week of receipt.

In accordance with the New Jersey Attorney General's charitable giving guidelines, organizations and individuals which support St. Joseph's Regional Medical Center through public events are asked to comply with the following:

1. Clearance must be received from St. Joseph's Regional Medical Center Foundation to conduct an event whose net proceeds go to the Foundation. Please do not promote your event prior to approval from the Foundation.
2. All net proceeds, or a percentage thereof, from the event designated to benefit the Foundation must go to St. Joseph's Regional Medical Center Foundation.
3. If you are holding a raffle with your event, please be aware that such activity requires a special license and extra time to organize. It is the responsibility of the person or persons organizing the event to obtain the necessary license(s) and approval(s) required.
4. It is the responsibility of the person or persons organizing the event to obtain all applicable permits, licenses, and all insurance certificates that may be required for an event.
5. If you are planning to issue receipts for the charitable donation portion of your ticket price, this amount must be clearly identified and differentiated from the "fair market value" of the event. Products or tangible items, such as the purchase of admission tickets, greens fees, and goods, are not eligible as tax-deductible charitable donations. We can provide you with sample verbiage.
6. When a portion of the sale of commercial goods or services will benefit the Foundation, the commercial entity must file a Commercial Co-Venture Contract between St. Joseph's Healthcare System and file it with the New Jersey Attorney General's Office. Our staff can assist you with this process.
7. St. Joseph's Regional Medical Center Foundation cannot assume any responsibility for event expenses and cannot assist with ticket sales or sponsorships, nor is the Foundation responsible for conducting the event or guaranteeing attendance. Also, the Foundation is not responsible for providing individual gift acknowledgements except as required by law.
8. In accordance with the Attorney General's charitable guidelines, we ask that all proceeds from your fundraiser be forwarded to St. Joseph's Regional Medical Center Foundation within ninety (90) days following the event. Checks should be made payable to "St. Joseph's Regional Medical Center Foundation" and mailed to: 703 Main Street, Paterson, NJ 07503. Formal receipt of the gift(s) will be provided by the Foundation.

Thank you for thinking of St. Joseph's!



Regional Medical Center

Foundation

A Member of St. Joseph's Healthcare System

Event Proposal Form

Thank you for choosing St. Joseph's Regional Medical Center as the recipient of the proceeds of your charitable event or activity! Proceeds from events help to support priority programs and projects at St. Joseph's and may be designated to specific areas within the Hospital. For more information, please call the Foundation Office at 973.754.4408.

When you are ready to plan your event, please complete and return this form to the address below, fax it to 973.742.0870, or e-mail to walkerc@sjhmc.org. You will be contacted by a Foundation representative when we receive your form. Once again, thank you for thinking of St. Joseph's!

Event Sponsor: _____

Name of Contact Person: _____

Contact Person Title: _____

Mailing Address: _____

City, St, Zip: _____

Phone Number(s): _____

E-mail Address: _____

Name of the Event: _____

Date of the Event: _____ Time: _____

Location of the Event: _____

Address: _____

Funds to be Raised Through: _____
(ticket sales, product sales, admission fees, auctions, etc.)

Fundraising Goal: \$ _____

Proceeds to Benefit: _____
(please indicate area or program if designating)

Signature of Event Planner _____ Title _____ Date _____

Signature of Foundation Representative _____ Title _____ Date _____

Please return completed form to: St. Joseph's Regional Medical Center Foundation, 703 Main Street, Paterson, NJ 07503 * Fax 973. 742.0870 * walkerc@sjhmc.org