



**PHOENIX
CHILDREN'S
Hospital**

Cause Related Marketing Programs Benefiting Phoenix Children's Hospital

Application & Guidelines



Thank you for your interest in conducting a cause related marketing (CRM) program benefiting Phoenix Children's Hospital (PCH). We are grateful for the generous support of companies in the community who share our commitment to making life better for sick and injured children. Since 1983, our corporate partners have helped transform Phoenix Children's Hospital from a mere idea into a world-class pediatric medical center. Thank you for believing in us and supporting our mission to provide hope, healing, and the best possible care for children and their families.



Cause Related Marketing Program Application

Phoenix Children's Hospital is honored by your decision to make us the beneficiary of your cause related marketing program.

Approval of your program is based upon receipt and review of your application and your acceptance of the following guidelines.

All fundraising programs for the benefit of Phoenix Children's Hospital must be approved in advance by Phoenix Children's Hospital Foundation. The Cause Related Marketing Application needs to be completed and filed with Phoenix Children's Hospital Foundation no less than 30 days prior to the proposed promotion start date before approval can be granted.

General Guidelines

- Programs should fit the mission and convey the appropriate image for Phoenix Children's Hospital.
 - Programs must comply with all federal, state, and local laws governing charitable fundraising, gift reporting and special events.
 - Phoenix Children's Hospital cannot sponsor or endorse individuals, companies, organizations, programs, products or services.
 - Use of the name Phoenix Children's Hospital, logo or any other term implying endorsement by or support of Phoenix Children's Hospital is not authorized except by specific approval from Phoenix Children's Hospital Foundation. All uses of the Phoenix Children's Hospital logo and name – in advance of its reproduction, printing, dissemination or public announcement – must be approved and be in compliance of the Hospital's Usage and Brand Standards. This includes posters, flyers, advertisements, public service announcements, press releases, etc.
 - In naming the program, Phoenix Children's Hospital should not be used in the title, but rather listed as the beneficiary. For example, organizers should not refer to the program as the "Phoenix Children's Fundraising Program." Instead, it should be promoted XYZ Program benefiting Phoenix Children's Hospital.
- Phoenix Children's Hospital does not release its proprietary mailing lists to third-party organizations. Information about CRM programs may be shared on a case-by-case basis at the discretion of Hospital management.
 - When approaching employees, clients and other businesses for assistance or monetary support for your program, please remember that many local organizations may already have a long-standing partnership with Phoenix Children's Hospital and may not wish to make additional donations. Your Foundation liaison may serve as a resource for identifying these existing relationships as needed.
 - Corporate partners should understand that support of Phoenix Children's Hospital through fundraising programs or outright gifts does not merit quid pro quo or qualify the business for future contracts with Phoenix Children's Hospital. Phoenix Children's Hospital Foundation is not responsible for bid processes, negotiation of contracts, or selection of vendor relationships for Phoenix Children's Hospital.
 - If circumstances warrant or Phoenix Children's Hospital is notified or becomes aware of practices incongruent with these guidelines or misaligned with the mission, Phoenix Children's Hospital may direct you to modify, cease or cancel the program.
 - The program organizers must seek approval from Phoenix Children's Hospital Foundation to repeat the program in each succeeding year.
 - Please advise the Phoenix Children's Hospital Foundation of any changes to your program throughout the duration of the time indicated on your application.



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Financial Guidelines

- The public should be fully informed regarding the net amount that will be donated to the Hospital from the promotion. If less than 100% of the net proceeds will be donated, the actual percentage should be disclosed to potential donors and participants.
- Based on national benchmarks, the target rate of return for a charitable program is \$0.70 per dollar raised or more. Program expenses should be less than 30% of the gross amount raised by the promotion.
- The standard financial requirement for a co-branded promotion with Phoenix Children's Hospital is 20% or more of gross proceeds or a minimum of \$5,000. We understand that different promotions have different margins of return. Evaluation of the program will result in a revised agreed upon amount of net proceeds as needed.
- Within 60-days following the completion of your program, proceeds must be received by Phoenix Children's Hospital Foundation. Proceeds should be mailed or delivered to:

**Phoenix Children's Hospital Foundation
Attn: Director of Cause Related Marketing
2929 East Camelback Road, Suite 122
Phoenix, AZ 85016**

Based on review of the application, program requests and financial commitment, the PCH Foundation may be able to provide some of the following resources, in accordance with Hospital policies:

- Advice and expertise on program planning.
- A letter of authorization to be used to validate the authenticity of the program and its organizers.
- Approval for the use of the Phoenix Children's Hospital name and logo.
- Assistance with a kick-off meeting including planning and speaking on behalf of the Hospital.
- Check presentation at the Hospital.

- Promotion of the program on the Phoenix Children's Hospital website and on the Foundation Facebook and Twitter.
- Provide Hospital information and photos for use in public relations and marketing materials including press releases, advertisements, etc.
- Coordinate joint marketing efforts to publicize the promotion.
- Request community volunteer support for your program if needed. Please note this request is based on volunteer's availability and cannot be guaranteed.
- Foundation representative to attend event as schedule permits.
- Provide Hospital's marketing materials, miscellaneous event equipment and other resources as available.
- Provide a written acknowledgement letter for tax purposes in accordance with state and federal tax laws for contributions related to the promotion.

Phoenix Children's Hospital Foundation Staff is unable to:

- Extend our tax exemption to your organization.
- Provide insurance coverage.
- Provide funding or reimbursement for expenses.
- Solicit sponsorship revenue for your program.
- Provide celebrities or professional athletes for your program.
- Provide mailing list of donors, vendors, board members, medical staff members, employees, or other affiliated Hospital constituents.
- Place or distribute event fliers, posters, or other promotional materials throughout the Hospital.
- Guarantee media coverage.
- Guarantee attendance of donors, vendors, board members, medical staff, employees, or other affiliated Hospital community members, during your promotion and/or at check presentation.



Cause Related Marketing Program Application



A Phoenix Children's Hospital Foundation representative will contact you within one week from the day your application is received. We look forward to hearing more exciting news about your program. In the interim, if you have questions, please contact us at (602) 546-2649 or email CRM@phoenixchildrens.com



Return the completed application to:
Phoenix Children's Hospital Foundation
Attn: Director of Cause Related Marketing
2929 East Camelback Road, Suite 122
Phoenix, AZ 85016
Fax: (602) 933-2649
E-mail: CRM@phoenixchildrens.com

Today's date: ____/____/____

Company Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: Office (____) _____ Cell (____) _____

Fax (____) _____

E-mail Address: _____

Company Website: _____

Briefly describe why you have chosen Phoenix Children's Hospital as the beneficiary of your program:

Are there other beneficiaries besides Phoenix Children's Hospital? Yes No

If yes, please list organizations: _____

Program Details

Name of Program: _____

Description of Program:

Locations:

Cause Related Marketing Program Application

Start Date: _____ End Date: _____

Is this a first time program? Yes No

If not, how many years have you facilitated the program? ____

Have you or your Company/Organization worked with PCH before? Yes No

If yes, please describe: _____

How will donations be generated through this program? _____

Do you plan to pay an individual or organization to help plan, manage or conduct the program or to solicit contributions? Yes No

Name(s) of any organization with whom you have any contract or agreement in relation to the program: _____

Will you be advertising or publicizing this event? Yes No

If so, please list publications or media outlets you will be contacting: _____

Will your advertising/PR be done internally or externally? _____

If using an outside contractor for advertising/PR please indicate company/partner: _____

_____ Contact: _____ Phone: _____

Who is the target audience for this program? _____

What are the goals for this program?

__ General Giving

__ Community Recognition

__ Co-Branding/Marketing with PCH

__ Employee Involvement /Community Service Hours

__ Other: _____

Please list your expectation of Phoenix Children's Hospital Foundation (staff resources, *volunteers, signage, equipment, etc): _____

* All volunteers recruited by PCH are expected to reflect the hospital in a positive manner and provide support for your program. Volunteers must be appropriately trained and orientated on their assigned duties. Organization is responsible for providing water for volunteers as well as on-site supervision/management if applicable.

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TOTAL EXPECTED PROCEEDS: \$ _____
EXPENSES \$ _____
NET PROCEEDS \$ _____
AMOUNT OF NET PROCEEDS TO PCH \$ _____

Please indicate the date that funds will be received by Phoenix Children's Hospital: ____/____/____

Donated funds from your program will be designated as unrestricted and will benefit the *Area of the Greatest Need* at the time of the gift, unless otherwise directed.

THE ORGANIZATION SPONSORING THE PROMOTION ASSUMES ALL RISKS AND LIABILITES ASSOCIATED WITH THE PROMOTION AND HERE BY RELEASES AND HOLDS HARMLESS PHOENIX CHILDREN'S HOSPITAL AND ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, SUCCESSORS, AND ASSIGNS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LIABILITIES, COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR WHICH MAY OCCUR IN CONJUNCTION WITH THE PROMOTION, INCLUDING WITHOUT LIMITATION, ANY PERSONAL INJURIES OR DAMAGE TO PROPERTY WHICH MAY OCCUR IN CONJUNCTION WITH THE PROMOTION.

I, _____, agree on behalf of the organization I represent that if the project I wish to coordinate is approved by Phoenix Children's Hospital, we agree to abide by the Cause Related marketing Program Guidelines, a copy of which has been provided to the organization by Phoenix Children's Hospital. It is also agreed that the funds raised from the activity will be remitted to Phoenix Children's Hospital within 60 days of the promotion or within alternative terms mutually agreed upon.

Organization Representative Signature

Title

Date

Phoenix children's Hospital, ranked in *U.S. News & World Report's* Best Children's Hospitals, is Arizona's only licensed children's hospital, providing world-class inpatient, outpatient, trauma, emergency and urgent care to children and families in Arizona and throughout the Southwest. As one of the largest children's hospitals in the country with 465 licensed beds, Phoenix Children's provides care across nearly 50 pediatric specialties. The hospital is poised for continued growth in quality patient care, research and medical education. For more information about the hospital, visit www.phoenixchildrens.com.