



Swedish Covenant Hospital
Foundation

Third Party Fundraising Application

Thank you for your interest in supporting Swedish Covenant Hospital. Please complete this form and return to SCHFoundation@SwedishCovenant.org. A member of our team will be in touch with you no later than 5 business days.

CONTACT INFORMATION

Business/Organization (if applicable): _____

Contact Person: _____

Address: _____

City, State Zip: _____

Phone: _____ Email: _____

FUNDRAISER INFORMATION

Fundraiser Name: _____

Event date: _____ Event Time: _____

Location name and address: _____

City State Zip: _____

Private Event

Open to the public

Ticket Price \$ _____ Estimated revenue \$ _____ Estimated donation \$ _____

Fundraiser description _____

How will this fundraiser be promoted? _____

Are there beneficiaries other than Swedish Covenant Hospital? If so, please name: _____

Is there a specific area within the hospital for the funds to benefit? If so, please name: _____

What support would you require from SCH Foundation in order for your initiative to be successful?

(Please provide specifics) _____

TERMS & CONDITIONS

- All events to benefit Swedish Covenant Hospital must be approved by the Foundation prior to the event or event promotion.
- Logo and name use must be approved prior to use.
- Funds must given to Swedish Covenant Hospital within 30 days of event.
- Swedish Covenant Hospital may only be identified as a beneficiary of your event, not a host or sponsor.
- No tax deductions are available unless they are made directly to Swedish Covenant Hospital.
- Checks for event proceeds should be made to Swedish Covenant Hospital Foundation.
- As the event organizer, I am responsible for planning and execution of the event, including insurance or liability coverage. I am also responsible for underwriting event expenses.
- Swedish Covenant Hospital will not provide contact information of donors, patients, vendors, volunteers or other supporters.
- In order to avoid conflicting fundraising efforts, please notify Swedish Covenant Hospital Foundation before soliciting donations from organizations for gifts or in-kind donations (printing, food, etc.)
- Swedish Covenant Hospital cannot guarantee attendance

Signature _____ Date _____

Thank you for supporting Swedish Covenant Hospital

5145 N. California Avenue • Chicago, Illinois 60625 • 773-293-5121

SCHFoundation@SwedishCovenant.org • www.swedishcovenantfoundation.org