



Hosting a charity event

Giving Back

A resource for hosting third-party events to support the health and well-being of our local community

By hosting a third-party event, you will help improve the health and well-being of our community through Lakeview Health Foundation!

Thank you for your interest in hosting an event to benefit the health and well-being of our community through Lakeview Health Foundation. Your event will help support outstanding programs, state of the art equipment; enhance facilities in our hospital and clinics to further benefit patients and families. Lakeview Health Foundation is a nonprofit organization that raises funds annually for the benefit of Lakeview Health System.

Gifts provided are more than just gifts of dollars – they are gifts of hope, caring and of purpose. The proceeds from your event will help provide programs, equipment and services the hospital could not otherwise offer to patients. Your contributions will also support major healthcare initiatives like: Power Up, Lakeview's valley wide Breast Health Center and a variety of charity care programs designed to serve our neighbors in need; prescription assistance, parish nursing, diabetes education, hospice are examples.

In this toolkit, you will find information about hosting and planning your event, as well as Lakeview Health Foundation's promotional and financial guidelines. Please read the information carefully and submit the proposal form in the back of the packet to our development office of the Foundation for third-party event consideration

All events must be approved by Lakeview Health Foundation staff before you will be able to use our name in advertising your event.

Our development office will contact you within two weeks of receiving the event proposal to inform you if the event has been approved. Please contact Paul Erickson 651 430 4556 or by e-mail at **Paul.I.erickson@lakeview.org**.

We want your event to be successful, so we hope this packet will be helpful in planning your event. Thank you for your thoughtfulness and generosity.

Kind Regards,



Paul Erickson
Executive Director
Lakeview Health Foundation

How to Host a Third-Party Event

Below you will find information to help plan your event. This information should be used as a guideline to develop your event. If your event is approved, we may send you additional marketing materials, including samples of gift forms, an event work plan template and Hospital or clinic logos as appropriate for use.

Determine Event Concept

- Determine which Lakeview Hospital health-related program your event will benefit; Our Foundation staff can be helpful in this decision
- Create your event message
- Identify event details, such as date and location

Receive Event Approval from Lakeview Health Foundation

- Review third-party event regulations, paying close attention to financial and promotional guidelines.
- Submit the third-party event proposal form in the back of the packet to Lakeview Health Foundation at least four months before your proposed event date

Formalize your Event Plan

- Create a fundraising plan with a goal and budget
- Plan anticipated event expenses
- Establish a timeline to know when important tasks are due
- Secure vendors and volunteers for your event (such as photographers, printer, caterers, etc.)

Implement Your Plan

- Mail or email invitations to your guest list
- Double check your fundraising plan, budget, timeline and vendor and volunteer tasks to make sure you're on track
- Have fun at the event – and congratulate yourself and your volunteers for the work they did to support the health-related cause

After the Event

- Acknowledge and thank your donors, participants, sponsors and in-kind donors (send thank you notes, call your donors, hold an appreciation event, etc.)
- Send net proceeds to Lakeview Health Foundation within 45 days of your event (or by year end, whichever comes first)
- Let Lakeview Health Foundation continue to support your effort by contacting your donors and participants with relevant newsletters, event announcements and information related to the focus of this event.

Required Promotional Guidelines for Lakeview Health Foundation Third-Party Events

The Lakeview Health Brand is important to all of us. We take great pride in our brand and the image Lakeview portrays in our community. Our brand reflects a positive image and we work hard to ensure the messaging is consistent across all channels of our health care organization. The brand reflects the important work our researchers, physicians and staff do every day to provide exceptional patient care to the community we serve.

Therefore, we must be aware of and approve any use of our brand on all third-party materials.

As the third-party event host or organizer, you must adhere to Lakeview's brand policies.

After your event is approved, our Foundation will send the third-party event host or organizer detailed promotional guidelines outlining acceptable ways to advertise and market your event

These guidelines include the following key points:

- Lakeview Health Foundation reserves the right to approve all third-party promotional materials and make changes in messaging to ensure that the language is consistent with our branding guidelines
- Lakeview Health's name and the names of its affiliates are registered trademarks and cannot be reproduced without written permission from Lakeview Health.
- Event promotional materials must state that proceeds will benefit a specific program at Lakeview Hospital or Stillwater Medical Group clinics
- (A Foundation staff member can discuss with you the area of greatest need or of interest to you)

Financial Guidelines

Thank you for selecting Lakeview Health Foundation as the beneficiary of your event. The funds raised through your event will make a difference in our mission and vision:

Mission: To improve health and well-being in partnership with our members, patients and community.

Vision: Health as it could be, affordability as it must be, through relationships built on trust

Financial and Tax regulations

Your event is subject to financial and tax regulations that require detailed accounting of your event revenues and expenses. While you are solely responsible for making sure you comply with these laws, we have prepared the following information to allow you to properly report your event's financial activity and to understand Lakeview Health Foundation's role and responsibilities as they relate to your event.

You should consult a competent tax or legal professional for advice and guidance specific to your organization and your event.

We advise the third-party event host or organizer to create a well thought-out budget and follow the IRS 70/30 guidance on limiting expenses to 30 percent of total revenues raised.

Event Expense Liability

The event host or organizer is responsible for all event expenses. Third-party event expenses will not be processed by our Foundation. If your event expenses exceed event revenues, Lakeview Health Foundation can pay these expenses.

Indemnification

The third-party host or organizer must agree to indemnify and hold harmless Lakeview Health and its affiliates, from all claims and liabilities that may arise in connection with the event.

Event Banking

There may be legal and tax implications for anyone who uses his or her personal bank account to process event revenues and expenses. Contact your legal advisor, tax advisor or bank representative to advise you in this area.

No Federal and State Tax Exemption

Because Lakeview Health Foundation is not hosting this event, you will not be able to claim our Foundation's IRS 501(c)(3) charitable classification, federal tax ID number or state of Minnesota sales tax exempt certificate.

Gift Receipting

Lakeview Health Foundation will not issue gift receipts for donors or participants who make a payment to your event. This includes participants who donate auction items and those who sponsor your event. If you wish to issue gift receipts to your donors or participants, you can apply for an IRS charitable classification. The necessary information can be found in IRS Publications 526 & 1771, which can be found at [irs.gov/charities](https://www.irs.gov/charities).

We strongly recommend you review the information found on the Minnesota Attorney General's Office website for their guidance on hosting a charitable event. To learn more, visit ag.state.mn.us/charities.

Continued Support

When you submit your check to Lakeview Health Foundation, please provide a list of your event attendees that includes their contact information so that our Foundation may continue to help support your cause. Unless your donors, participants or attendees specifically say that they do not wish to be contacted by Lakeview Health Foundation, we reserve the right to contact them to let them know of Lakeview Health's entities and activities that may interest them.

Silent and Live Auction Items

Lakeview Health Foundation will not be responsible for any claim or issue related to third-party event auctions and will not take possession of or be responsible for any items donated to your auction at the event.

Raffles and Charitable Gambling

If you are considering a support raffle or charitable gambling as part of your event, please visit the Minnesota Gambling Control Board website at gcb.state.mn.us and obtain a raffle license. Both of these activities require your adherence to state regulations.

Please contact our Foundation office at **651 430 4556** or by email foundation@Lakeview.org

Thank you for your interest and consideration in support of our mission.

If you are not using event revenue to pay event expenses, you may elect to have your donors and event participants make their checks payable directly to Lakeview Health Foundation and send them to us for processing. In this case, Lakeview Health Foundation will provide receipts for each check to the check issuers acknowledging their charitable gift to Lakeview.

Submitting Net Proceeds

To make a contribution to Lakeview Health Foundation from your event proceeds, please make the check payable to **Lakeview Health Foundation, 927 Churchill St. W., Stillwater, MN 55082**. We will send a receipt to the check issuer.

Third Party Event Proposal

Host/Group/Company Planning this Event: _____

Nonprofit organization/501(c)3: ____ NO ____ YES Lakeview Health Department: _____

Event host or organizer's name: _____

Mailing address: _____

E-mail address: _____ Phone: _____

Preferred method of communication: ____ Email ____ Phone

Affiliation with Lakeview Health/Hospital/Stillwater Medical Group: _____

Program you would like to support with your gift (specific fund name, if applicable): _____

Name of proposed event: _____

Event location and address: _____

Event date: _____ Event time: _____ Type: ☐ Public ☐ Invite-only Cost to participants: \$ _____

Describe event and how funds will be raised (tickets, auction, etc.): _____

Describe proposed event details, purpose and target audience: _____

Proposed Event Promotion and Publicity: ☐ Press Release ☐ Flyers ☐ Newspaper ☐ Magazine ☐ Radio/TV/Billboards ☐ E-mail

Are there other beneficiaries besides Lakeview Health Foundation (LHF): ____ YES ____ NO

Do these persons have connections to a business that will benefit from the event? ____ YES ____ NO

If Yes who? _____

Will the event host or organizer gain monetarily from the event? ____ YES ____ NO If Yes please explain: _____

Please estimate: Total event income: \$ _____ Total event expenses: \$ _____ Estimated gift to LHF: \$ _____

(Please submit checks within 45 days after your event)

My gift will be matched by my company/organization: ____ YES ____ NO Company name _____

I, _____, understand the third-party event guidelines supplied by Lakeview Health Foundation and my responsibilities as a third-party event host pertaining to compliance of federal and state laws concerning fund-raising events. I promise to abide and adhere to all statements made in the stated guidelines and attest the information provided on this form is correct and accurately describes the proposed event.

Event host or organizer's signature: _____ Date: _____

Lakeview Health Foundation approval: _____ Date: _____

IMPORTANT: Please complete this form four months before your proposed event. Only completed forms will be taken under consideration. Until a confirmation letter is received, contributions should not be solicited and the name Lakeview Health Foundation (LHF) should not be used for any purpose. LHF may withdraw approval at any time should we deem inappropriate messaging or behavior that exists with the third-party event. If approval is withdrawn, it will be done in writing to the event host or organizer. After approval is withdrawn, all references to Lakeview Health Foundation, Lakeview Health or related departments and programs must be terminated.

