



## Community Fundraising Guidelines and Logo Release Form

Kettering Medical Center Foundation is grateful to all those philanthropically-minded groups and individuals who host independent community fundraising events in support of our mission. The list is a diverse group and includes grateful patients and families, community groups, schools, businesses and civic organizations among others. Every gift, no matter what size, will make a meaningful difference in the lives of those we serve.

1. Community Fundraisers should complement the mission and image of Kettering Medical Center Foundation. All potential fundraising organizations must complete and submit the Community Fundraising Participation Agreement to the Foundation for approval in advance.
2. The organization and execution of the fundraiser is the responsibility of the fundraising organization who must obtain any necessary permits, licenses, or insurance.
3. All event-related publicity in which Kettering Medical Center Foundation and the Women's Wellness Fund logo and/or names are used (print, broadcast and online) must be in accordance with the established brand identity guidelines and approved by the Foundation before distribution to the public. For legal reasons, Kettering Medical Center Foundation/Women's Wellness Fund may only be identified as the beneficiary of the event. For example, your fundraiser cannot be called "Women's Wellness Fund Gala". Rather, the fundraiser should be promoted as "Gala to benefit The Women's Wellness Fund."
4. Fundraising organizations are allowed to use the Women's Wellness Fund logo prior to and 30 days after the event. The logo must then be removed from all materials and websites.
5. Follow up publicity should include any net amounts that will be donated to Kettering Medical Center Foundation/Women's Wellness Fund. If the Fund is not receiving all of the event proceeds, then the exact percentage that benefits the Fund must be stated.
7. All checks from event proceeds must be made payable to Kettering Medical Center Foundation.
8. Event proceeds should be submitted to Kettering Medical Center Foundation within 30 days from date of event.

**The proceeds from your fundraiser will leave a lasting impact on the patients treated through Kettering Medical Center Foundation.  
Thank you for your support!**



Community Fundraising  
Participation Agreement

1. Name of sponsoring organization \_\_\_\_\_
2. Contact person in charge of event \_\_\_\_\_
3. Address \_\_\_\_\_  
Street City State Zip
4. Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_
5. Briefly describe the event and the fundraising components (Use separate schedule, if necessary)  
\_\_\_\_\_  
\_\_\_\_\_
6. Name of event \_\_\_\_\_
7. Date/Time of event \_\_\_\_\_ Will the event be open to the public? \_\_\_\_\_
8. Location of event \_\_\_\_\_
9. Anticipated Revenue \$ \_\_\_\_\_ Anticipated donation to KMC Foundation: \$ \_\_\_\_\_
10. How will the event be promoted? (Please attach any samples to the application)  
\_\_\_\_\_  
\_\_\_\_\_
11. If possible, would you like to have someone from Kettering Medical Center Foundation present at your event? Yes/No \_\_\_\_\_ If yes, what role will they play? \_\_\_\_\_

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Sponsoring organization agrees to indemnify and hold Kettering Medical Center Foundation harmless from any claims of any nature whatsoever arising out of or in any way related to the proposed event. Nothing in this proposal form shall be construed to authorize the sponsoring organization or any employee or representative of the sponsoring organization or volunteer for this event to act as an agent of Kettering Medical Center Foundation or to bind them in any way.

I have received a copy of the Foundation's Community Fundraising Guidelines and Logo Release Form. I understand and agree to comply with the guidelines for conducting this event.

Authorized representative of sponsoring organization: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

***On behalf of those we serve, Kettering Medical Center Foundation thanks you!***

Accepted by Kettering Medical Center Foundation Representative:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_