



THIRD PARTY FUNDRAISER APPLICATION FORM

St. Luke's Health Foundations are the non-profit, philanthropic agents for St. Luke's. The Health Foundations are governed by a Board of Directors. The Board has established a policy that the information requested be furnished before approval can be given to conduct a fundraiser for a St. Luke's medical center or service line. Please complete this form and return it to the appropriate St. Luke's location as soon as possible. You will be notified as to the status of the event/project.

St. Luke's Site to Receive Proceeds:

- St. Luke's Elmore
- St. Luke's Magic Valley
- St. Luke's Treasure Valley

NAME OF ORGANIZATION: _____

CONTACT: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

NAME OF EVENT/PROJECT: _____

DATE AND LOCATION OF EVENT/PROJECT: _____

DESCRIPTION OF EVENT/PROJECT: _____

HOW WILL THE EVENT/PROJECT RAISE MONEY? _____

PAST DOLLARS RAISED THROUGH THIS EVENT/PROJECT (IF APPLICABLE):

\$ _____ DATE _____ \$ _____ DATE _____

RESPONSIBILITIES OF YOUR ORGANIZATION: _____

RESPONSIBILITIES OF ST. LUKE'S: _____

WHY DID YOU CHOOSE ST. LUKE'S AS THE BENEFICIARY OF YOUR EVENT?

WILL YOU HOLD A RAFFLE? _____ YES _____ NO
IF YES, WHAT IS YOUR RAFFLE LICENSE NUMBER? _____

IF YES AND YOU HAVE NO RAFFLE LICENSE NUMBER, ARE YOU REQUESTING ST. LUKE'S SPONSOR THE RAFFLE? _____ YES _____ NO

St. Luke's Health Foundation possesses a raffle license from the Idaho Lottery with a limited number of raffles permitted per year. If you are interested in holding a raffle and do not have a raffle license, you must receive approval from St. Luke's for use of its license to your event, if space permits. Raffles conducted without a license may not be affiliated with St. Luke's.

EVENT/PROJECT: HAS THE EVENT BEEN CLEARED BY THE LOCAL AND STATE AUTHORITIES? _____ YES _____ NO

WILL THE EVENT REQUIRE INSURANCE? _____ YES _____ NO
IF YES, WILL YOU PROVIDE THE INSURANCE? _____ YES _____ NO

St. Luke's will need a copy of the insurance at least 30 days prior to the event date.

Will businesses in your area be contacted for donations or to assist in the event in any way?

_____ **YES** _____ **NO**

If yes, please identify the businesses you wish to contact, so that we may coordinate our efforts. (Use attached sheet.) *You must have permission from the St. Luke's Health Foundation Office before soliciting any businesses.*

PROPOSED BUDGET

Identify sources of income: ticket sales, entry fees, item sales, etc.

SOURCE	QTY	PRICE	TOTAL INCOME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ESTIMATED INCOME \$			_____

Identify expenses: printing, postage, food, facilities, etc.

ITEM	QTY	PRICE	TOTAL COST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ESTIMATED EXPENSES \$			_____

ANTICIPATED GROSS INCOME: \$ _____ **EXPENSES: \$** _____

ST. LUKE'S ANTICIPATED EXPENSES: \$ _____

EXPLANATION OF EXPENSES: _____

ANTICIPATED PROCEEDS TO BENEFIT ST. LUKE'S: \$ _____

ANTICIPATED PROCEEDS TO BENEFIT YOUR ORGANIZATION: \$ _____

ANTICIPATED PROCEEDS TO BENEFIT OTHER CHARITIES: \$ _____

NAME OF OTHER CHARITY: _____

_____ (Name of your organization) guarantees that a minimum of \$ _____ will be donated to St. Luke's Health Foundation to support:

- St. Luke's Elmore
- St. Luke's Magic Valley
- St. Luke's Treasure Valley
- St. Luke's Children's
- Mountain States Tumor Institute
- St. Luke's Heart
- Other _____

The donation will be received by St. Luke's before (date): _____

All proceeds from the third party fundraiser must be received by the Health Foundation within 90 days of the event.

I HAVE READ AND AGREE TO ABIDE BY THE SPECIAL EVENT POLICIES:

SIGNATURE

DATE

TITLE

ST. LUKE'S REPRESENTATIVE

DATE

TITLE

Please mail or fax to the appropriate St. Luke's Foundation:

*St. Luke's Elmore Foundation
PO Box 1270
Mountain Home, ID 83647
Phone: (208) 580-2673*

*St. Luke's Treasure Valley Foundation
190 E. Bannock Street
Boise, Idaho 83712
Phone: (208) 381-2123
Fax: (208) 381-4673*

*St. Luke's Magic Valley Foundation
PO Box AK
Twin Falls, ID 83303
Phone: (208) 814-0070
Fax: (208) 814-0901*

