



EVENT PARTNERSHIP REQUEST AND AGREEMENT



Thank you for your interest in supporting VISITING NURSES ASSOCIATION/HOSPICE OF THE FLORIDA KEYS AND HAVEN Hospice (VNA/HFK/Haven). We are excited to assist you in your fundraising efforts and appreciate the community’s support of our mission. Funds raised through your efforts will help support the unfunded programs offered by our organization.

We appreciate community support and want to make sure events benefitting VNA/HFK/Haven are in line with our mission and goals. **We need two weeks to review your request.** Once we have accepted the request, we will sign this agreement and return it to the contact person listed below.

1. Contact Information

Name of Group/Company Planning Event: _____

Main Contact Person: _____

Mailing Address: _____

City, State, Zip: _____ Phone: _____ Fax: _____

E-mail: _____ Web site: _____

Category that best describes your group:

Corporate School Religious Organization Service Club Other _____

2. Event/Fundraising Information

Name of proposed event: _____

Briefly describe the event and how funds will be raised:

Event Date: _____ Start time: _____ End Time: _____

Location of event: _____ Estimated amount of attendees: _____

Address: _____

VNA/HFK/Haven requires event organizer meet with Development Coordinator at least 2 weeks prior to event to review run-of-show to help ensure event success. Additional meetings or calls may be necessary based on the complexity of the event.

Tentative date to meet: _____

Are sponsorship opportunities available for this event? If yes, please attach levels and benefits.

Yes No

Will other charitable organizations benefit from this initiative? Yes No

If yes, please list: _____

Is a liquor license required for the event? Yes No

The person representing the event will obtain any necessary permits, licenses, or insurance. VNA/HFK/Haven is not able to request liquor licenses or insurance for this event.

3. Promotional Materials and Public Relations Information

Our goal is to provide you with the tools to help make your event successful. We can provide assistance with promoting the event and some marketing creative if needed. Providing the following information will help our staff assist you in preparing the resources necessary to promote your event.

Will you be promoting your fundraising initiative? Yes No Will you use a professional advertising agency to publicize your initiative? Yes No

Name of agency: _____ Contact Name: _____ Phone: _____

Will you have a photographer at the event? *(VNA/HFK/Haven requests copies of photos for future use.)* Yes No

Contact Name: _____ Phone: _____

Which of the following will you use to publicize your initiative?

Medium

- Internal promotion such as newsletters
- Posters/Flyers
- Newspaper Advertisements
- Public Service Announcements
- Internet (Facebook, Twitter, other)
- Other:

Date & Details of Distribution

Please check the boxes you would like for VNA/HFK/Haven to post event information on

- Website
- Facebook
- Event e-blast to donors and supporters

What additional assistance would you like from VNA/HFK/Haven in regards to planning, promotion and execution (logos, etc.)?

Please Note: The VNA/HFK/Haven logo is a registered trademark, the use of which is restricted. Use of the logo or name for the proposed event must be approved by VNA/HFK/Haven prior to being printed and/or released, etc.

VNA/HFK/Haven needs to review all promotional materials used (including press releases, public service announcements, scripts, posters, invitations, etc.) before distribution. Printed materials and other information should state, "Proceeds support unfunded patient care and family services provided by Have
**Donation receipts will be provided to the Organizer or Organization sponsoring the event. VNA/HFK/Haven are not able to provide individual tax receipts to attendees. Donation envelopes will be provided for anyone wanting to make donations above and beyond the cost of attending the event.

4. Financial Information

Estimated donation to VNA/HFK/Haven \$ _____

Please note: We ask that you submit any event updates and revenue donation from the event within 15 days so that our marketing staff can get a press release out in a timely fashion.

5. Donor Recognition

In order to properly recognize your organization's contribution please specify how you would like your organization name listed:

Individuals making personal contributions during the event may make checks payable to VNA/Hospice of the Florida Keys or HAVEN HOSPICE with appropriate name and address information included for proper tax receipt and acknowledgement purposes.

6. Volunteer Information

Will you need volunteers for this event? Yes No

If so, how many will you need and what will the volunteer(s) be doing: _____

Will food be provided for the volunteers? Yes No

What attire should the volunteers wear? _____

This Event Partnership Request and Agreement form has been reviewed by VNA/HFK/Haven and we are excited to accept the request and enter into an agreement with the party listed in item number 1.

Event Contact

Date

VNA/HFK/Haven Representative

Date

Please return completed form to:

HAVEN HOSPICE
Events Department
4200 NW 90th Blvd.
Gainesville, Fl. 32606

Email: events@havenhospice.org

VISITING NURSES ASSOCIATION
AND HOSPICE OF THE FLORIDA KEYS
Events Department
1319 Williams Street
Key West, FL 33070

Email: eventsvna@vnahospicekeys.org

***Donations from Event Partnerships remain in the area
where the funds are raised.***

***On behalf of the patients and families VNA/HFK/Haven serves,
Thank You!!!***